

Name  
in  
Full

Elizabeth Hilary Anshuman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

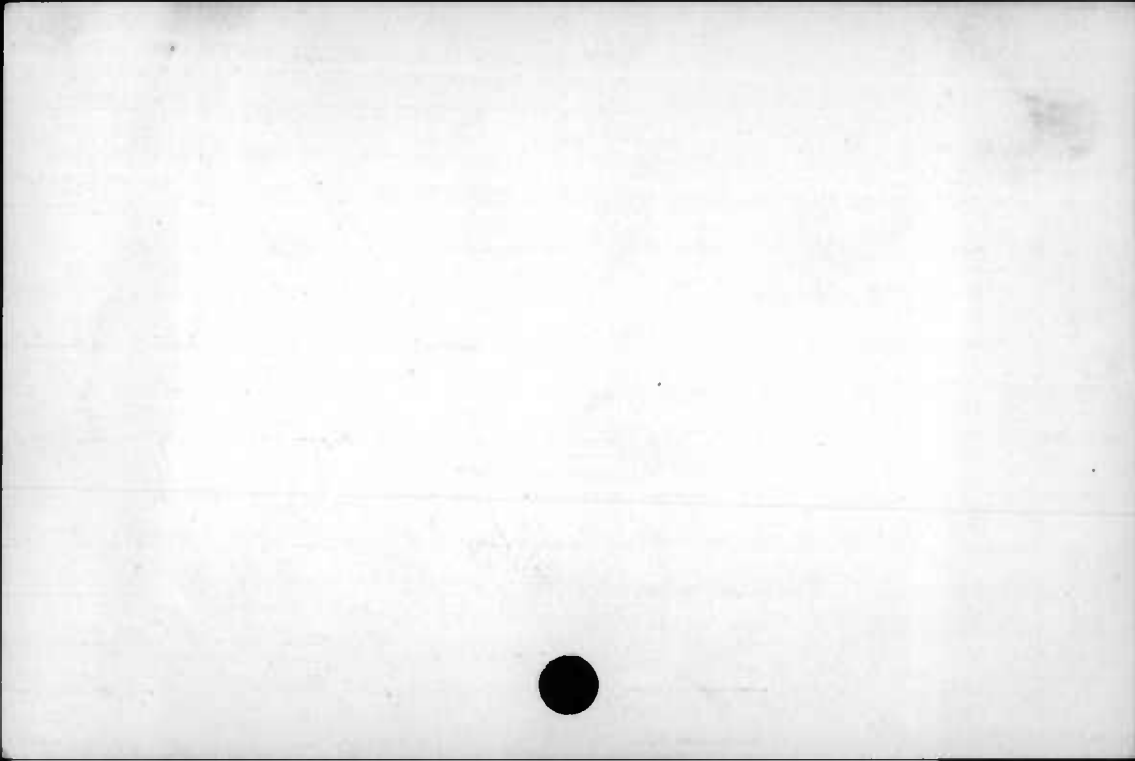
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1908	Month 5	Day 22	Age 75	Years 3	Months Days
Sex female		Color or Race White		Birth-place Buckeysville			
Occupation House Wife		Where Residing If not at place of death Hagerstown					
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name Jacob W. Wright		Father's Birthplace don't know					
Mother's Maiden Name Elizabeth H.		Mother's Birthplace					
Name of person giving information Mrs. John Watson		How related to deceased Daughter					

CAUSES OF DEATH

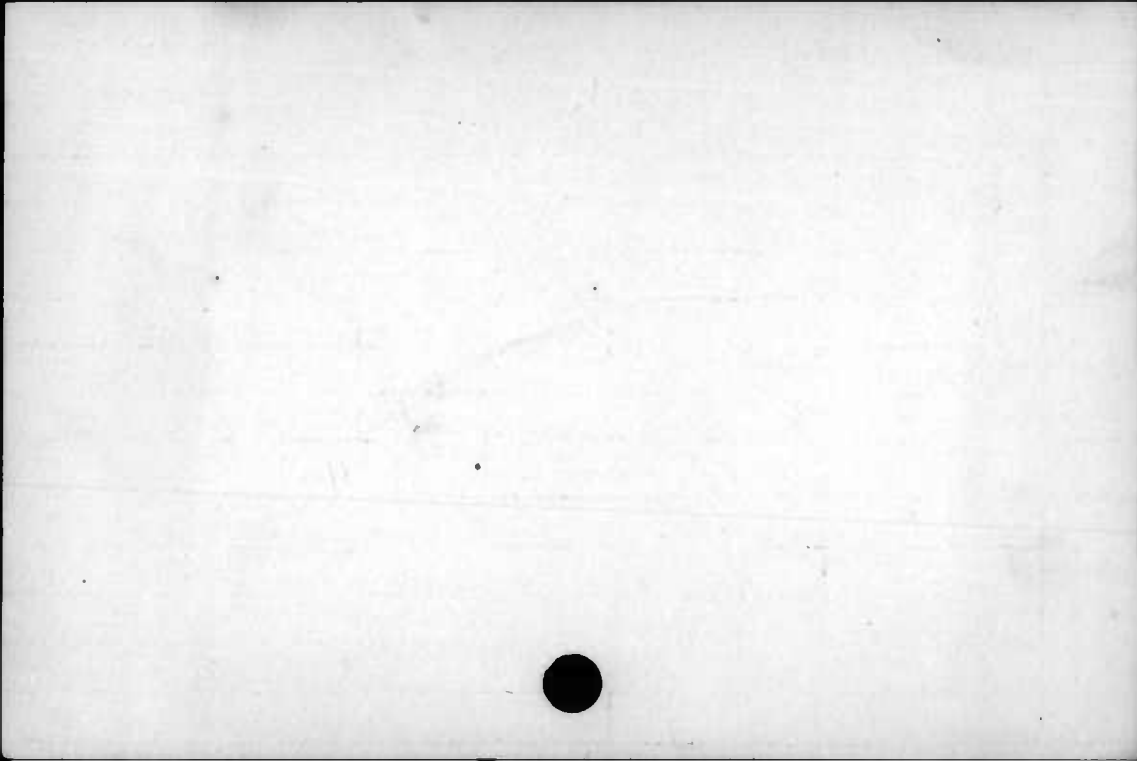
79

PHYSICIAN  
OR CORONER

Primary	Fibroid Degeneration of Heart	How long Several years
Immediate	Acute Cardiac Failure	How long 3 hrs
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. S. Dugan
		Address Hagerstown, Md
Accident or Suicide? No		



Name In Full		Mrs. Sarah J. Atlee				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND				
		Died at		Hagers town		wash.				
		Date of death		1908	Month 15	Day 15	Age 73	Months 4	Days 24	
		Sex		Female		Color or Race		white		
		Birth-place		Md.		Occupation		Lady of Leisure		
		Where Residing if not at place of death				Married, Single or Widowed		widow		
		Name of Husband		Edwin A. Atlee		Father's Name		Lewis J. Husey		
		Father's Birthplace		Md.		Mother's Maiden Name		Elizabeth Keim		
Mother's Birthplace		"		Name of person giving information		Mrs R. L. Van Dergrate	How related to deceased	daughter		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				Chronic Cholecystitis		How long	several years	
		Immediate				Exhaustion debility		How long	several months	
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		Edw. J. Baggett
						Address		Hagers town Md		
		Accident or Suicide?				no				



Name  
in  
Full

Thomas L Battzell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death	1908	Month 5-	Day 24	Age 45-	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Md
Occupation	Newspaper Work			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wetley P Battzell					Father's Birthplace	Md
Mother's Maiden Name	Aunie Hann					Mother's Birthplace	Pa
Name of person giving In formation	William Battzell					How related to deceased	Brother

## CAUSES OF DEATH

120

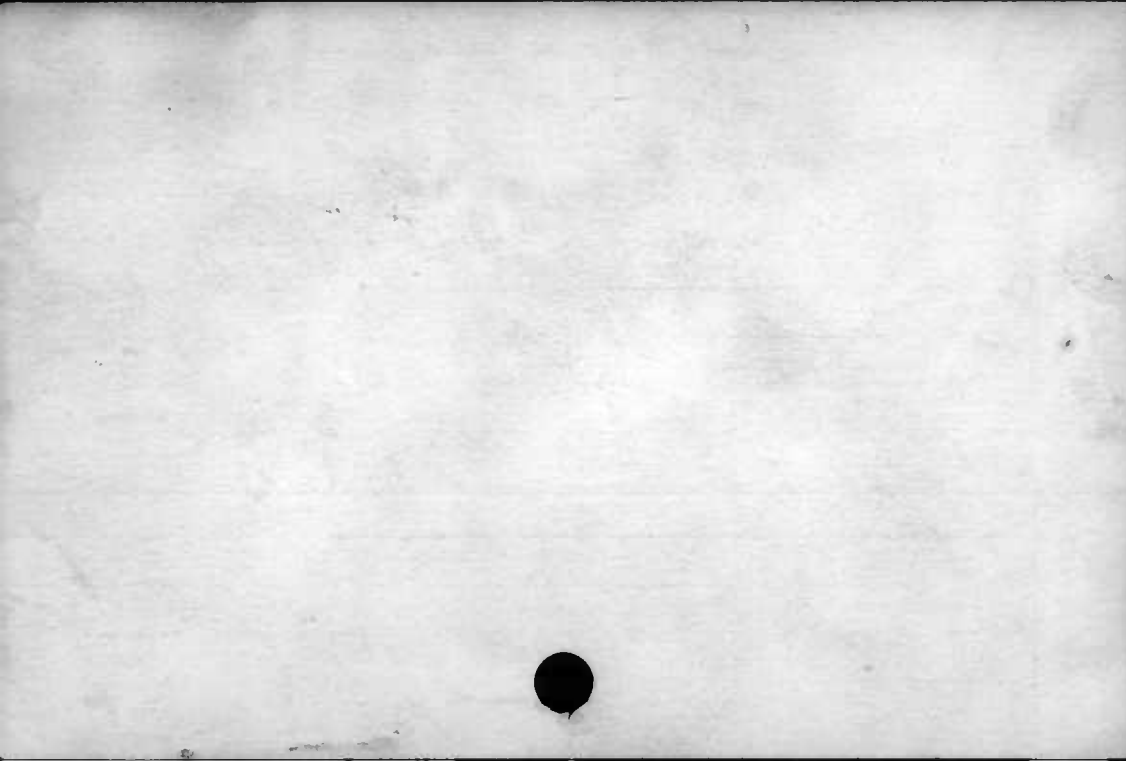
PHYSICIAN  
OR CORONER

Primary	Chronic interstitial Nephritis		How long	2 or 3 years
Immediate	Uremic intoxication		How long	7 or 8 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. J. M. Olson
			Address	A. J. M. Olson, Md
Accident or Suicide?				

5/20

87 years  
Hospitable

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Town</i> <i>Hancock</i>		County <i>Washington</i>		MARYLAND		
		Date of death <i>1908</i>	Month <i>May</i>	Day <i>14</i>	Age <i>64</i>	Years	Months	Days
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Millsboro, Md.</i>				
		Married, <i>Yes</i>	Name of Wife or Husband <i>Mary Cassidy</i>					
		Father's Name <i>James Cassidy</i>	Father's Birthplace <i>Ireland</i>					
		Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>John Shoemaker</i>		How related to deceased <i>Son-in-law</i>						
PHYSICIAN OR CORONER		CAUSES OF DEATH				120		
		Primary <i>Chronic Nephritis</i>	How long <i>Three years</i>					
		Immediate <i>Heart failure</i>	How long <i>about 12 hours</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Yabler</i>		Address <i>Hancock, Md.</i>			
Accident or Suicide? <i>No</i>								





Name  
in  
Full

## CERTIFICATE OF DEATH

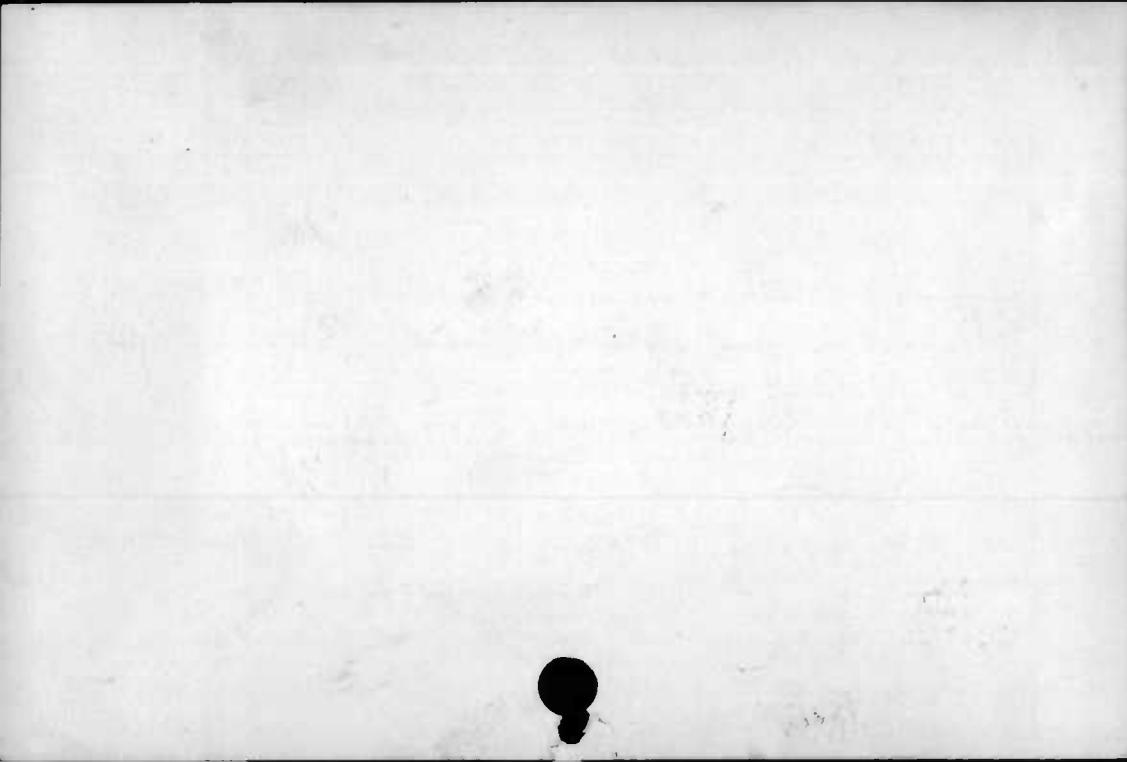
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pen - mar</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>31</i>
Age		<i>73</i>	Years	<i>7</i>	Months
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Restauranter</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Married</i>	Name of Wife or Husband		
Father's Name		<i>Hezekiah Crout</i>		Father's Birthplace	
Mother's Maiden Name		<i>Stansbury</i>		Mother's Birthplace	
Name of person giving information		<i>Miss Emma Crout</i>		How related to deceased	
				<i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>3 mos.</i>
Immediate	<i>uræmia</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yrs</i>		<i>A. Barr Swishy</i>	
		Address	
		<i>Waynesboro, Pa.</i>	
Accident or Suicide?			
<i>No</i>			



Name  
in  
Full

Emily Marguerite Daymude

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hagerstown

Town

County

Wash

MARYLAND

Date

of death 190

8

Month

5

Day

11

Age

Years

Months

3

Days

Sex

female

Color or  
Race

white

Birth-  
place

md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

John R. Daymude

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Margaret Householder

Mother's  
Birthplace

"

Name of person giving  
In formation

J. R. Daymude

How related  
to deceased

Father

## CAUSES OF DEATH

179

Primary

How long

Immediate

Found dead. No physician in attendance

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Emilester Klon

Hagerstown  
md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Euler & Son

Name  
in  
Full

Ernest Richard De Lawter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Highfield<sup>County</sup> Washington

Date of death 1908

Month

May

Day

6

Age

Years

1

Months

—

Days

29

Sex

Male

Color or  
Race

White

Birth-  
place

Highfield Md.

Occupation

None

Where Residing if not  
at place of death

At place of death.

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

George E. De Lawter

Father's  
Birthplace

Foxville Md.

Mother's  
Maiden Name

Nora H. Gall

Mother's  
Birthplace

Sabillasville Md.

Name of person giving  
Information

George E. De Lawter

How related  
to deceased

Father

## CAUSES OF DEATH

92

Primary

Broncho-pneumonia

How long

7 days

Immediate

"

" Heart failure

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

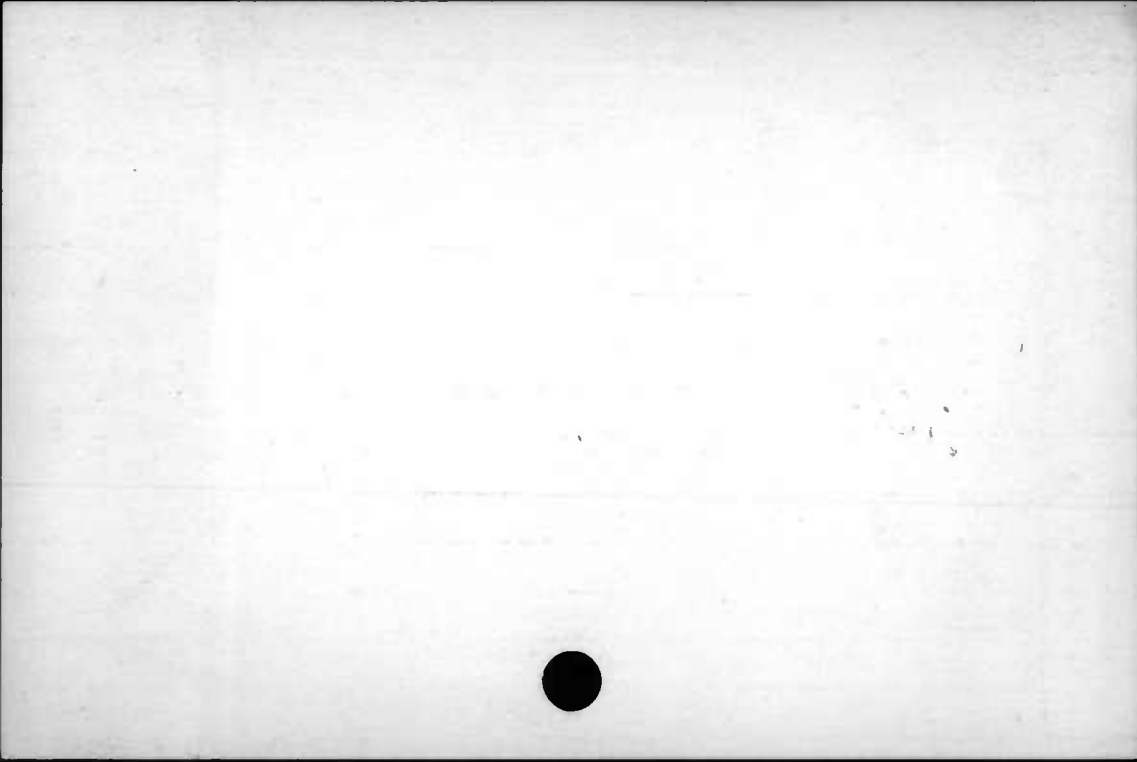
Signature of  
Physician

C. L. Wachter

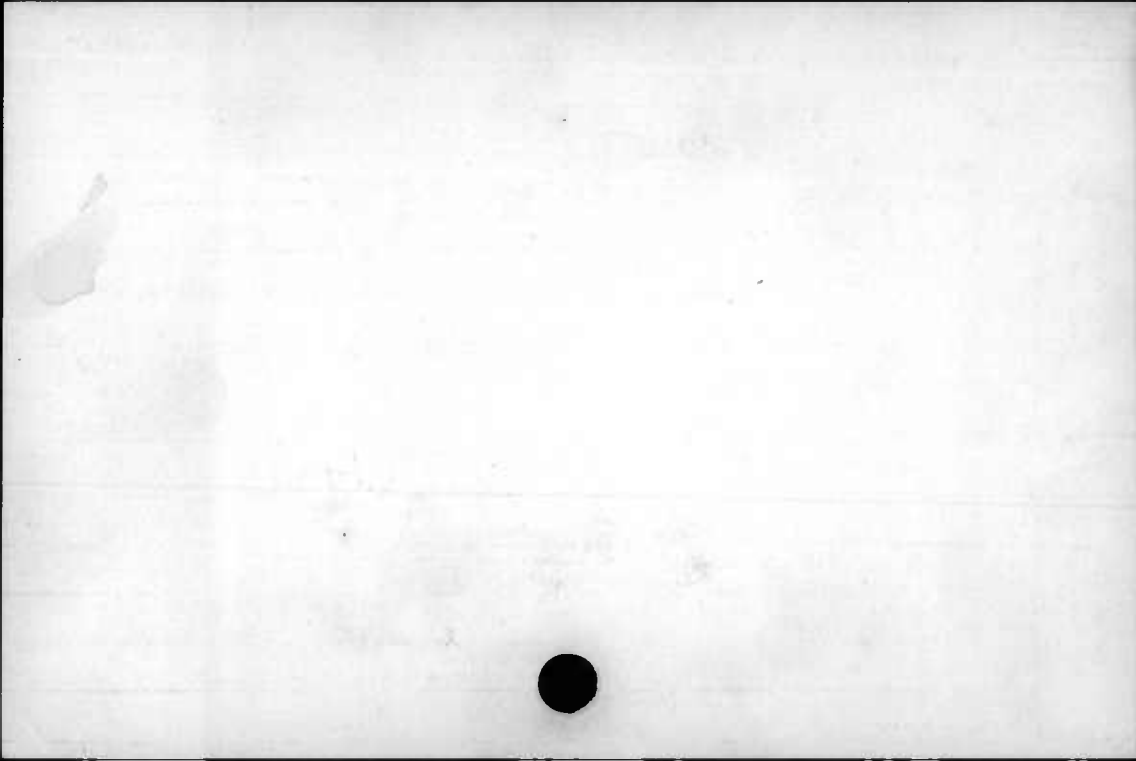
Address

Sabillasville Md.

Accident or Suicide?



Name in Full <b>Mary M Durbin</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Manassas</b> <sup>Town</sup> <b>Washington</b> <sup>County</sup>	MARYLAND	
	Date of death <b>1908</b> <sup>Month</sup> <b>5</b> <sup>Day</sup> <b>23</b> <sup>Years</sup> <b>57</b> <sup>Months</sup> <b>4</b> <sup>Days</sup> <b>25</b>		
	Sex <b>Female</b> Color or Race <b>White</b> Birth-place <b>Md</b>		
	Occupation <b>H. M.</b> Where Residing if not at place of death _____		
	Married, Single or Widowed <b>Married</b> Name of Wife or Husband <b>George L. Durbin</b>		
	Father's Name <b>Nicholas Angelo</b> Father's Birthplace <b>Germany</b>		
	Mother's Maiden Name <b>Lidia Gell</b> Mother's Birthplace <b>Germany</b>		
Name of person giving information <b>David Durbin</b> How related to deceased <b>Husband</b>			
CAUSES OF DEATH		<b>142</b>	
PHYSICIAN OR CORONER	Primary <b>Gangrene of foot</b> How long <b>4 weeks</b>		
	Immediate <b>Septicaemia</b> How long <b>1 week</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>V. M. Reichard</b>	
		Address <b># air play</b>	
Accident or Suicide?			





Name  
in  
Full

Catherine E. Feldman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>10</u>	Age <u>78</u>	Months <u>2</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Pennia</u>		
Occupation <u>Retired</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Martin Feldman</u>				
Father's Name <u>Michael Nimmich</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Elizabeth Snow</u>			Mother's Birthplace <u>Pennsylvania</u>		
Name of person giving information <u>Jno. W. Feldman</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Endo Carditis - Smitts</u>	How long <u>4 years</u>
Immediate <u>✓</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Victor Smith</u>
	Address <u>Hagerstown</u>
Accident or Suicide? <u>no</u>	<u>med</u>

Chamby<sup>w</sup>

Name  
in  
Full

Carroll Gossard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash.  
**MARYLAND**  
 Date of death 1908 <sup>Month</sup> 05 <sup>Day</sup> 13 Age <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup>   
 Sex male Color or Race white Birth-place Md.  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_  
 Father's Name James Gossard Father's Birthplace Pa  
 Mother's Maiden Name Mary Shriver Mother's Birthplace "  
 Name of person giving information Mary Gossard How related to deceased mother

## CAUSES OF DEATH

71

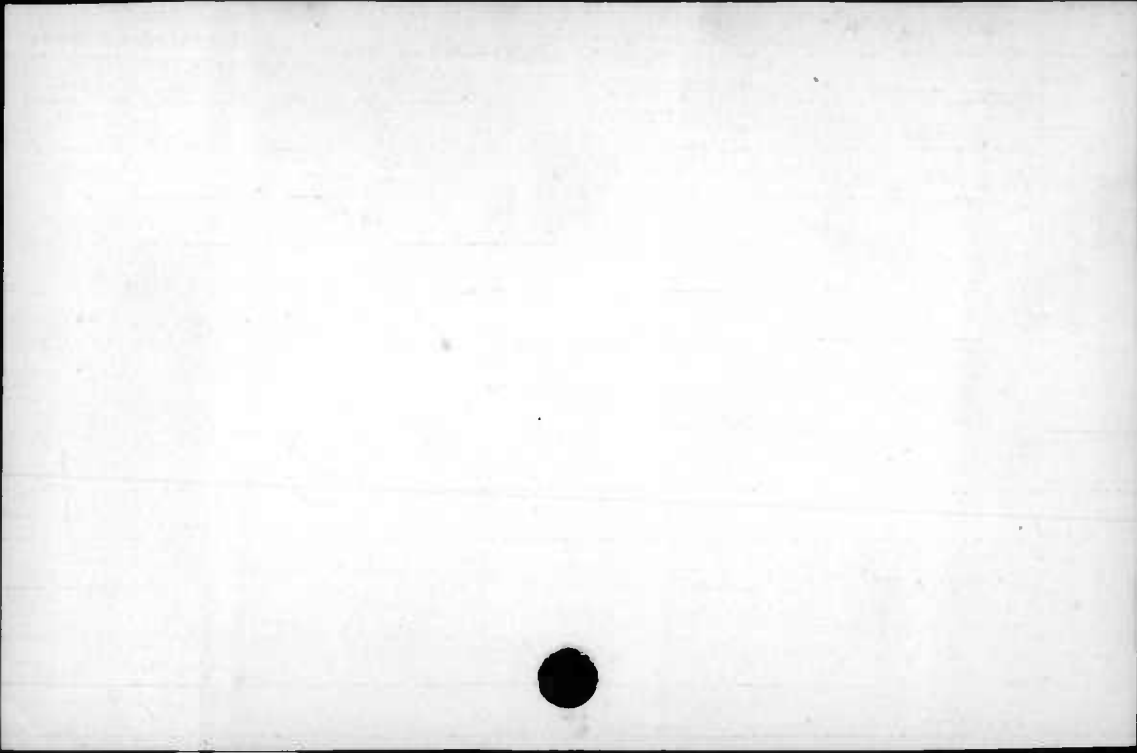
PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_  
 Immediate Spasms  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician Chas B Boyle  
 Address Hagerstown  
 Accident or Suicide?

Mechanicsburg, Pa

Suter & Son

Name in Full		Lawson P Grossnickle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mapleville		Washington		MARYLAND		
	Date of death	1908	Month	May	Day	18	Age	72
	Sex	Male		Color or Race	White		Birth-place	Washington Co.
	Occupation	Merchant-			Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband	Barbara Grossnickle			
	Father's Name	Jacob Grossnickle				Father's Birthplace	Frederick, Md	
	Mother's Maiden Name	Barbara Ellen Groves				Mother's Birthplace	" "	
Name of person giving information	Mrs Pry least-				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary					How long		
	Immediate	Hemiplegia				How long	Found dead	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. J. Smith	
	Accident or Suicide?					Address	Brownstown Ind.	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm T. Hassett.* Town *Clearspring* County *Washington* MARYLAND

Died at *Clearspring* *Washington*

Date of death *1908* Month *May* Day *14* Age *68* Years Months *6* Days *9*

Sex *male* Color or Race *white* Birth-place

Occupation *Farmer & Supt C & O Canal* Where Residing if not at place of death *Cherry Hill Farm.*

Married, Single or Widowed *Widower* Name of Wife or Husband *Sallie Edelin*

Father's Name *Thomas Hassett* Father's Birthplace *Ireland*

Mother's Maiden Name *Susan Turner* Mother's Birthplace *Virginia*

Name of person giving information *Mrs Flory* How related to deceased *Sister*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

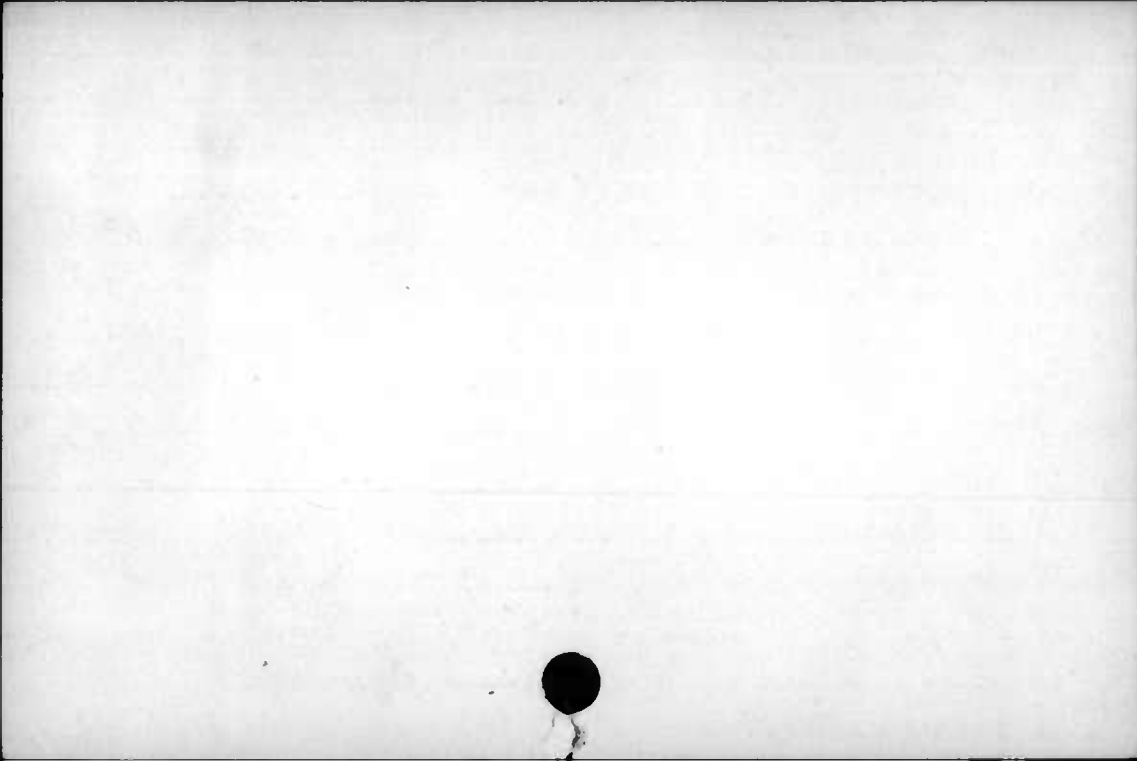
Primary *Chronic Endocarditis Aortic Stenosis & Tricuspid Regurgitation* How long *15-40*

Immediate *Respiratory Failure* How long *6 1/2 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. T. Mason* Address *Clearspring, Md*

Accident or Suicide?





Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u>		County <u>Washington</u>		MARYLAND		
		Date of death	190 <u>8</u>	Month <u>3</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>
		Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>			
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
		Father's Name <u>Geo H Hayer</u>	Father's Birthplace <u>Pa</u>					
		Mother's Maiden Name <u>Gertrude W Stouffer</u>	Mother's Birthplace <u>md</u>					
		Name of person giving information <u>Harry Hayer</u>		How related to deceased <u>Father</u>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Myocardial Corrupt</u>		How long <u>One week</u>				
		Immediate <u>Corrupt to the lungs Exhaustion</u>		How long <u>Several days</u>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. J. Cogan</u>				
				Address <u>Hagerstown Md</u>				
		Accident or Suicide?						

Capron

Rose Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John D. Kershberger*  
Died *near Reitenburg* <sup>Town</sup> *Wash.* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *5* <sup>Day</sup> *2* Age <sup>Years</sup> *1* Months *—* Days *23*

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *John Kershberger* Father's Birthplace *Md*

Mother's Maiden Name *Harriett Krombaker* Mother's Birthplace *Penns.*

Name of person giving information *John Kershberger* How related to deceased *Father*

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary *Whooping cough* How long *5 weeks*

Immediate *Pneumonia* How long *3 days*

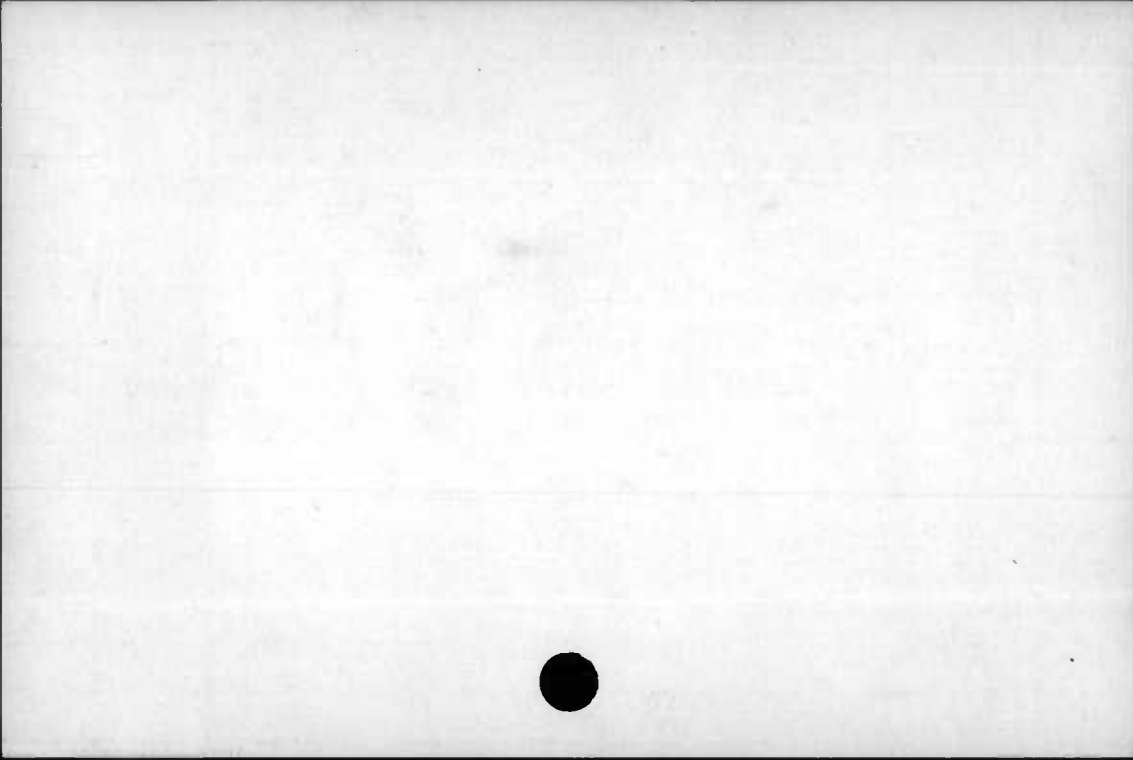
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*J. H. Wishard*  
*Leitensburg*  
*Md*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Theresa Irene Hicks		Town Greencastle		County Franklin		Pa		MARYLAND	
Died at		Date of death		Month		Day		Years	
1908		May		8		Age		1	
Sex		Color or Race		Birthplace		Months		Days	
Female		White		Pa.		3		23	
Occupation				Where Residing if not at place of death					
Infant									
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mason R. Hicks				Pa					
Mother's Maiden Name				Mother's Birthplace					
Ann E. Rummel				Pa					
Name of person giving information				How related to deceased					
M. R. Hicks				Sister					

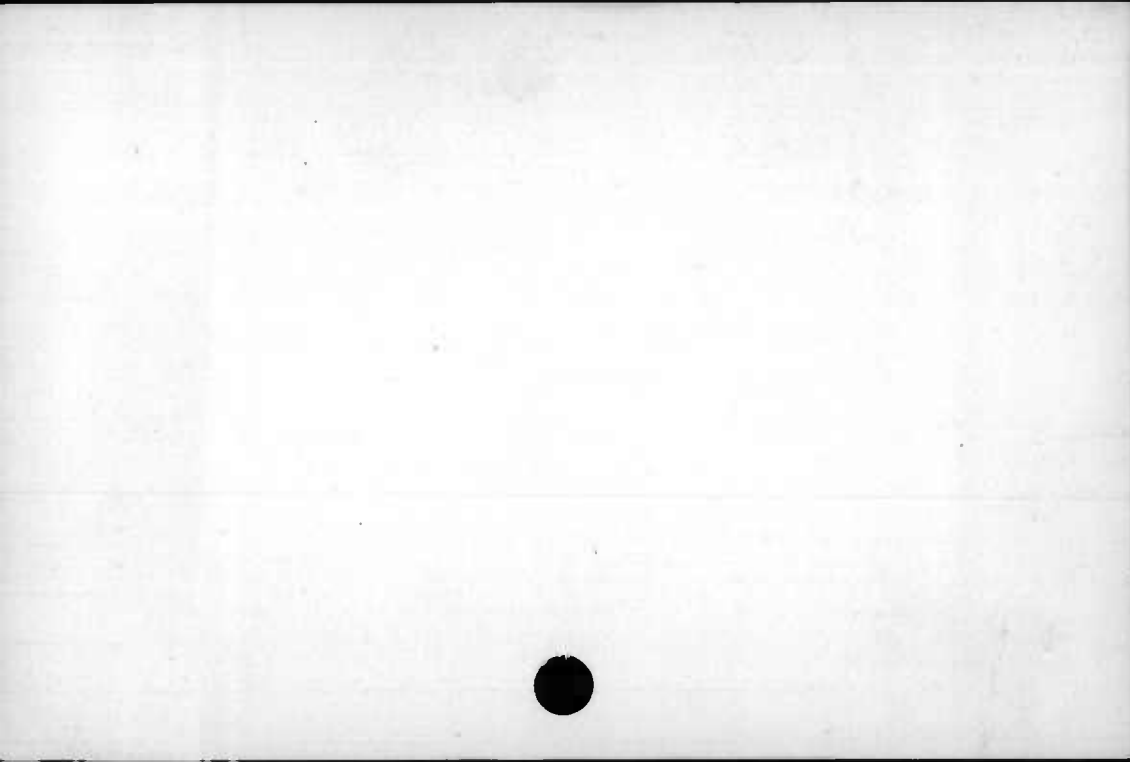
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Lobar Pneumonia (double)		8 days.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. W. Palmer, M.D.	
		Address	
		Greencastle Pa.	
Accident or Suicide?			

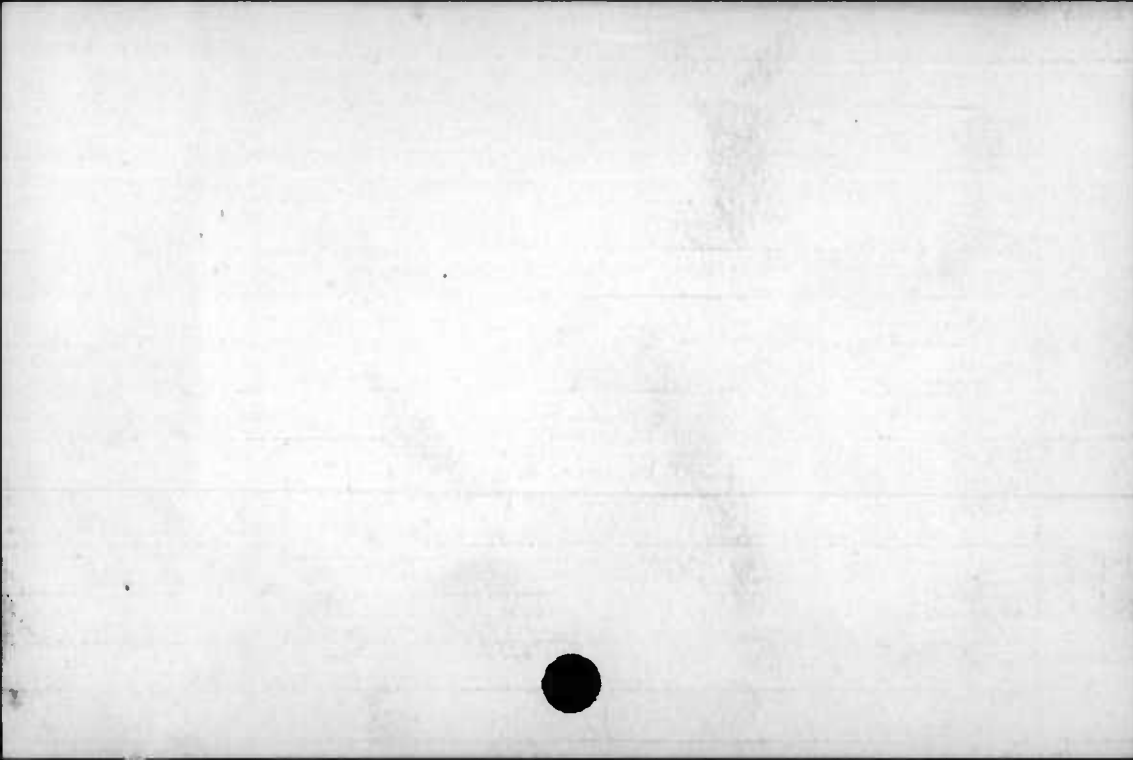
Private fording

Name in Full		Raymond Lester Hose				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		1908	Month	May	Day	19
	Sex		Male		Color or Race	White	
	Occupation				Birth-place	Rockdale	
	Married, Single or Widowed				Where Residing if not at place of death		
	Father's Name		Harry Hose		Father's Birthplace		
	Mother's Maiden Name		Nancy Brick		Mother's Birthplace		
PHYSICIAN OR CORONER	Name of person giving information		Father		How related to deceased		
	CAUSES OF DEATH				95		
	Primary		Congestion Lungs		How long		
	Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
Accident or Suicide?				Officer, Clearing, Md			





Name in Full		CERTIFICATE OF DEATH			
Julia Butler Johnson		Town		County	
Died at Williamsport		Washington		MARYLAND	
Date of death		Month	Day	Age	Years
1908		May	11	77	Months
Sex		Color or Race		Birth-place	
Female		Colored		Williamsport Md.	
Occupation		Where Residing if not at place of death			
Housekeeper					
Married, Single or Widowed		Name of Wife or Husband			
Widow		David Johnson			
Father's Name		Father's Birthplace		Mother's Birthplace	
Johnson Jones		Williamsport Md.		" " "	
Mother's Maiden Name		How related to deceased			
Lucy Black		Son			
Name of person giving information					
Jas. Butler					
CAUSES OF DEATH					
Primary		How long			
General Debility		one year			
Immediate		How long			
Prostration		Two days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes.		W. Richardson			
		Address			
		Williamsport Md.			
Accident or Suicide?					
No.					



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Slazentown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	3	Day	10
Age	23	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Na
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Johnston	Father's Birthplace			
Mother's Maiden Name	Bertha Ganthym	Mother's Birthplace			
Name of person giving information	Bertha Johnston	How related to deceased			
				Mother	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 yr
Immediate	Exhaustion	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. M. D. [Signature]
		Address	200 [illegible] [illegible]
Accident or Suicide?	No		

to M. J. J. J. J.  
per N. J.

5/13/08

Name  
in  
Full

Arthur B Krimble

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamport		County Was -		MARYLAND	
Date of death		1908	Month May	Day 31	Age 64	Months 2	Days 14
Sex male		Color or Race white		Birth- place Williamport			
Occupation Boatman				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Sallie Schenebeck			
Father's Name		Robert Krimble				Father's Birthplace Pa	
Mother's Maiden Name		Sarah N. Botter				Mother's Birthplace Fred Co Md	
Name of person giving In formation		Elias Krimble				How related to deceased Bro-	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lung	How long	Five years
Immediate	Prostration	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. D. Richardson	
Address		Williamport - Md.	
Accident or Suicide?		No.	

11<sup>5</sup> Mrs.

- 3

17<sup>4</sup> - 1844

Name  
in  
Full

Mary Virginia King

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marcusville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		<i>Maryland</i> <sup>State</sup>	
Date of death <i>1908</i> <sup>Month</sup> <i>5</i> <sup>Day</sup> <i>10</i>		Age <i>22</i> <sup>Years</sup>		<i>9</i> <sup>Months</sup> <i>9</i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Sharpsburg</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Marcusville</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>None</i>			
Father's Name <i>Henry King</i>		Father's Birthplace <i>Kentucky</i>			
Mother's Maiden Name <i>Annie R Watson</i>		Mother's Birthplace <i>Sharpsburg</i>			
Name of person giving information <i>Thomas Monroe</i>		How related to deceased <i>Step. Father</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

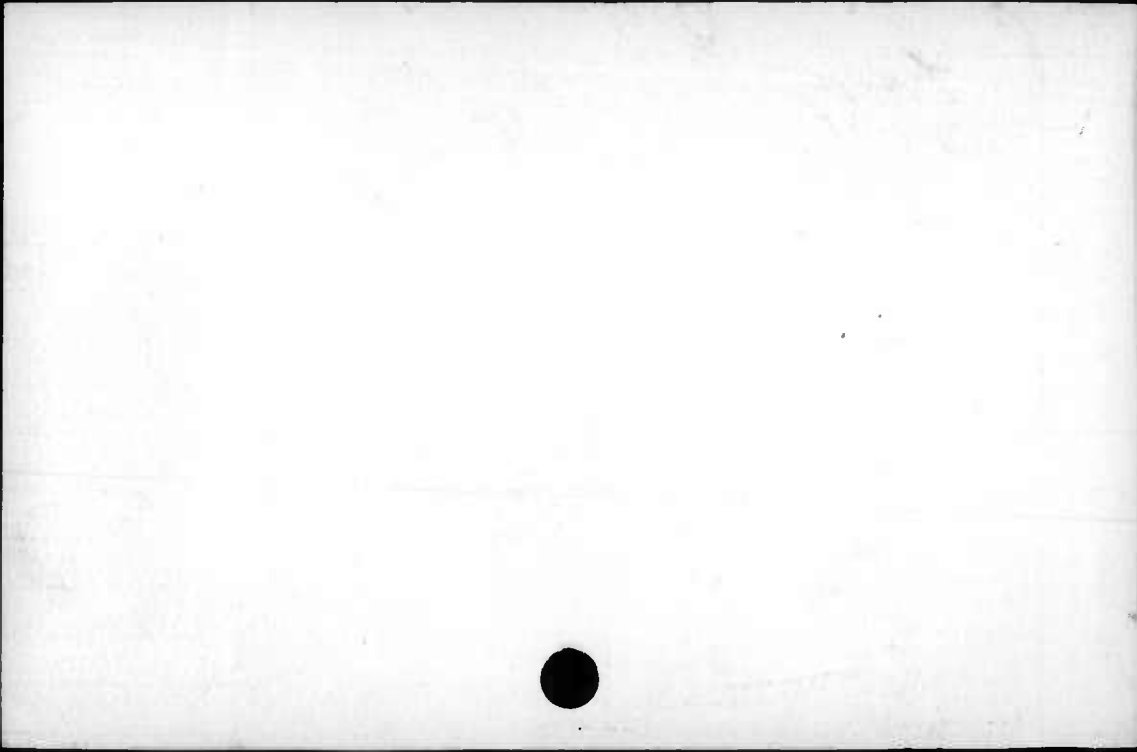
Primary	<i>Pneumonia</i>	How long	<i>about a week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. Lowell Gardner</i>	
		Address <i>Sharpsburg - Md</i>	
Accident or Suicide?			

7 ft. Long  
28 in. wide

22 Jan 1902



Name in Full		Walter Howard Lakin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mapleville		County Washington		MARYLAND
	Date of death		1908	Month May	Day 6	Years 52	Months Days
	Sex		Male		Color or Race		White
	Occupation		Fruit Grower		Birth- place		Boonshon, Md.
	Where Residing if not at place of death		Mapleville.				
	Married, Single or Widowed		Married		Name of Wife or Husband		
	Susan Stull						
PHYSICIAN OR CORONER	Father's Name		Isaac H. Lakin				Father's Birthplace
	Mother's Maiden Name		Ann R. Meyers				Mother's Birthplace
	Name of person giving In formation		Kate Gilchrist				How related to deceased
							Sister
CAUSES OF DEATH							155
PHYSICIAN OR CORONER	Primary		Cerebral Acid				How long
	Immediate		Depression Card				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes				
	Signature of Physician		S. S. Davis				
	Address						
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

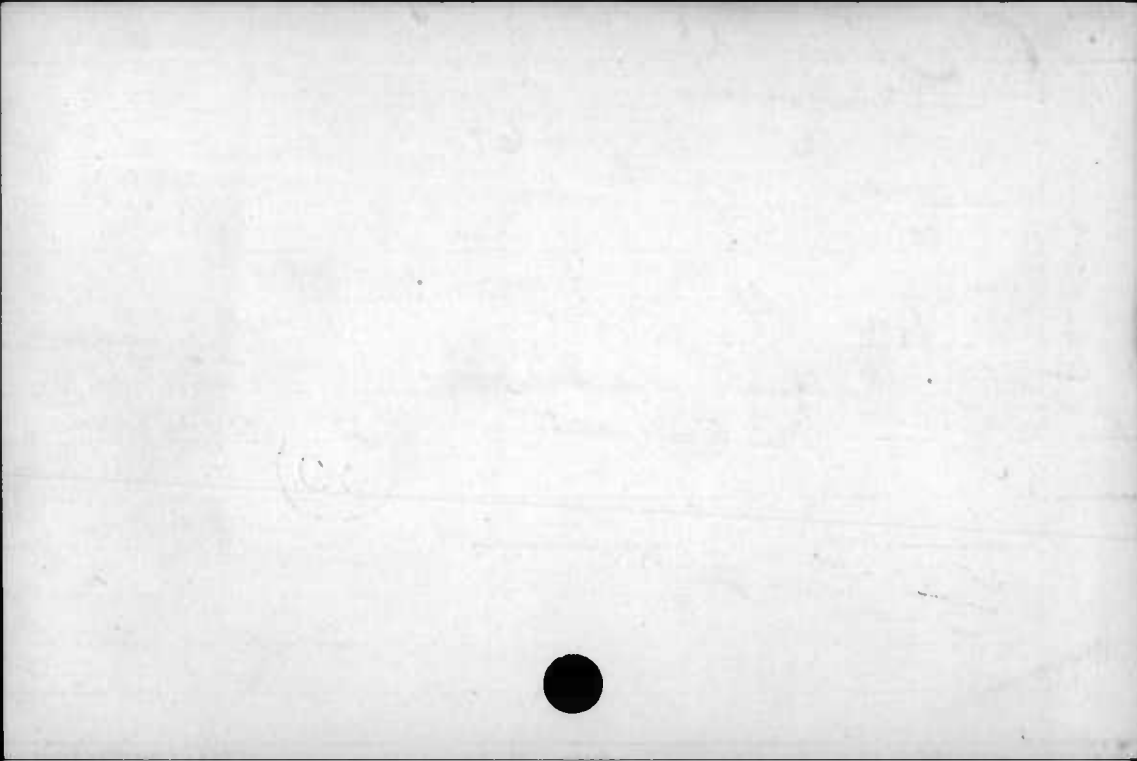
Name in Full <i>Aminda C Lantz</i>		Town <i>Keadysville</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Keadysville</i>		Month <i>5</i>		Day <i>9</i>		Years <i>67</i>	
Date of death <i>1908</i>		Month <i>5</i>		Day <i>9</i>		Years <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Bono Boro</i>		Months <i>1</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Keadysville</i>		Years <i>67</i>		Days <i>9</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mrs H Lantz</i>		Father's Name <i>Wm Lambert</i>		Father's Birthplace <i>Don't Know</i>	
Mother's Maiden Name <i>Mary Luggan</i>		Name of person giving information <i>Mrs H Lantz</i>		Mother's Birthplace <i>Don't Know</i>		How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>10 yrs</i>
Immediate <i>Uraemic Poisoning</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Nixes</i>
Address <i>Keadysville Md</i>	
Accident or Suicide? <i></i>	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

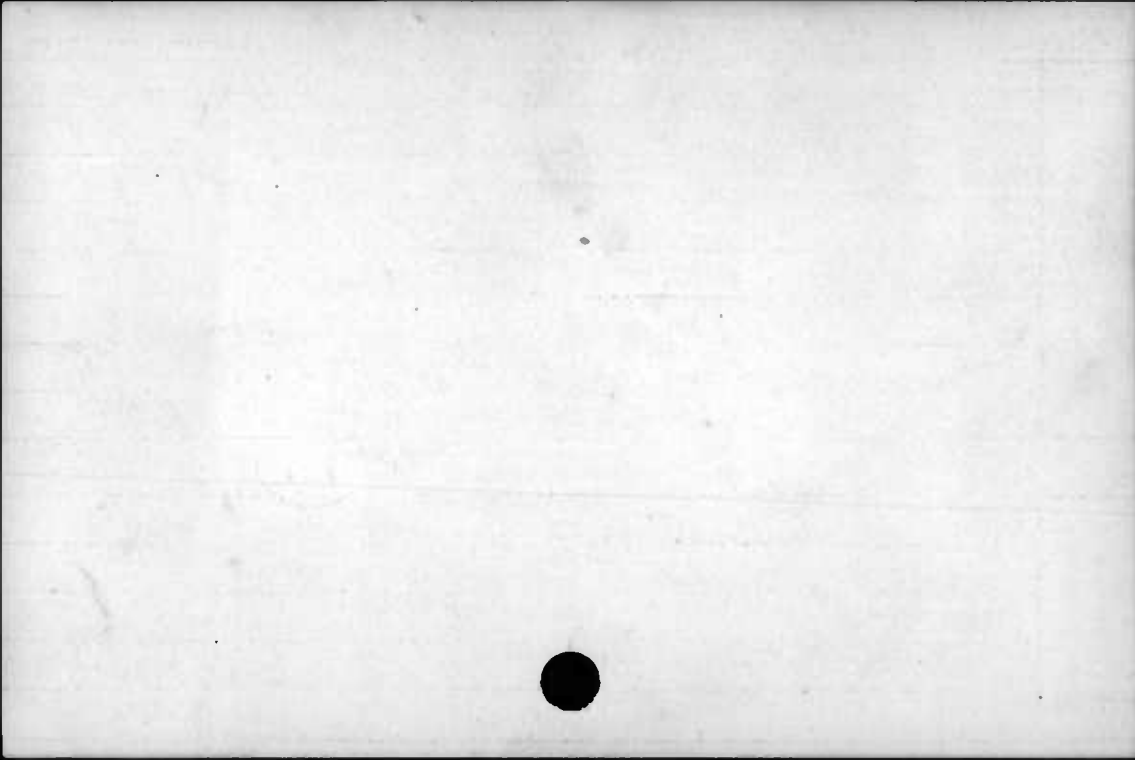
Name In Full <i>John Early Malott</i>		Town <i>Williamport</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Williamport</i>		Month <i>May</i>		Day <i>8</i>		Age <i>7</i>	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>8</i>		Age <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Wmpt Ma</i>			
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Ea. S Malott</i>		Father's Birthplace <i>Williamport</i>					
Mother's Maiden Name <i>Lethia Viola Welchey.</i>		Mother's Birthplace <i>Fob. Fred K</i>					
Name of person giving In formation <i>Ea. S Malott.</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth.</i>	How long <i>7 months</i>
Immediate <i>Congenital Debility</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ernest A. Hatcher</i>
	Address <i>Williamport</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

Lewis Stanley Masters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

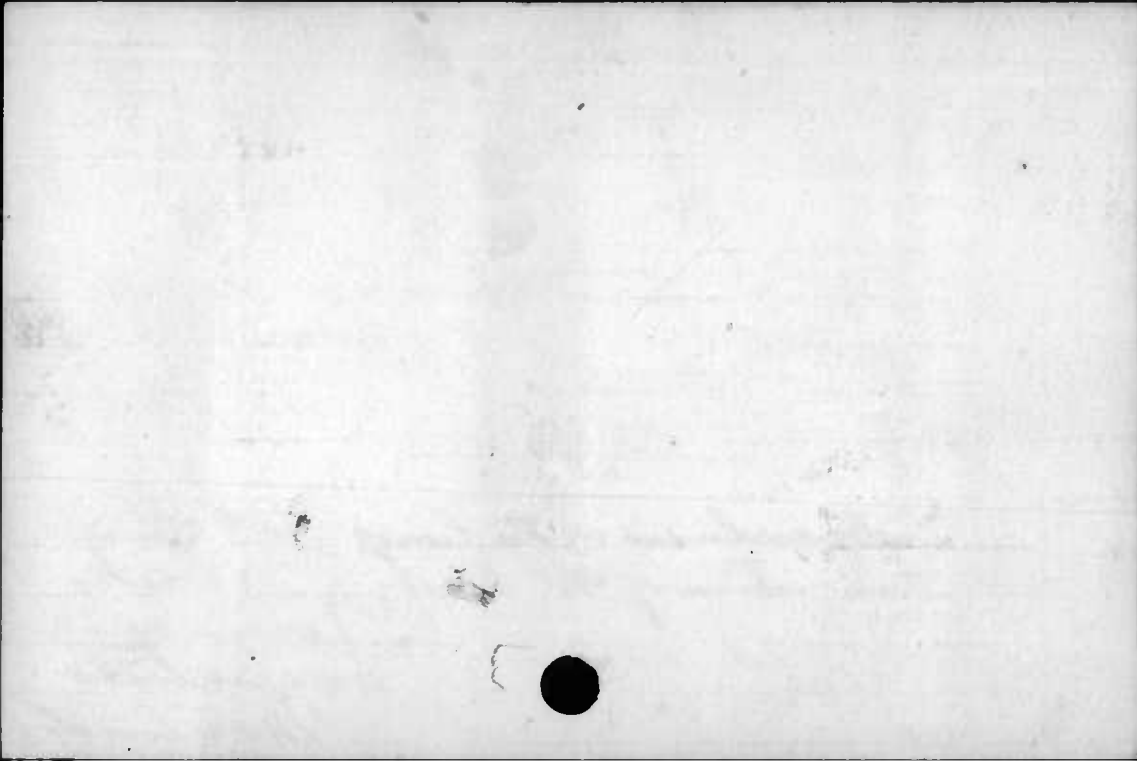
Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Wash.</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>6</u> <sup>Years</sup> <u>38</u>		Age <u>38</u>		Months <u>6</u>	Days <u>25</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Williamport, Md</u>	
Occupation <u>Clerk</u>		Where Residing if not at place of death			
<del>Married, Single or Widowed</del> <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Jacob Masters</u>		Father's Birthplace <u>Was Co Md</u>			
Mother's Maiden Name <u>Sally Shover</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Minnie Mumma</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary <u>Chronic Cystitis</u>	How long <u>9 months</u>
Immediate <u>Pyelitis</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Werz</u>
	Address <u>Hagerstown, Md</u>
Accident or Suicide?	





Name  
in  
Full

David E. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

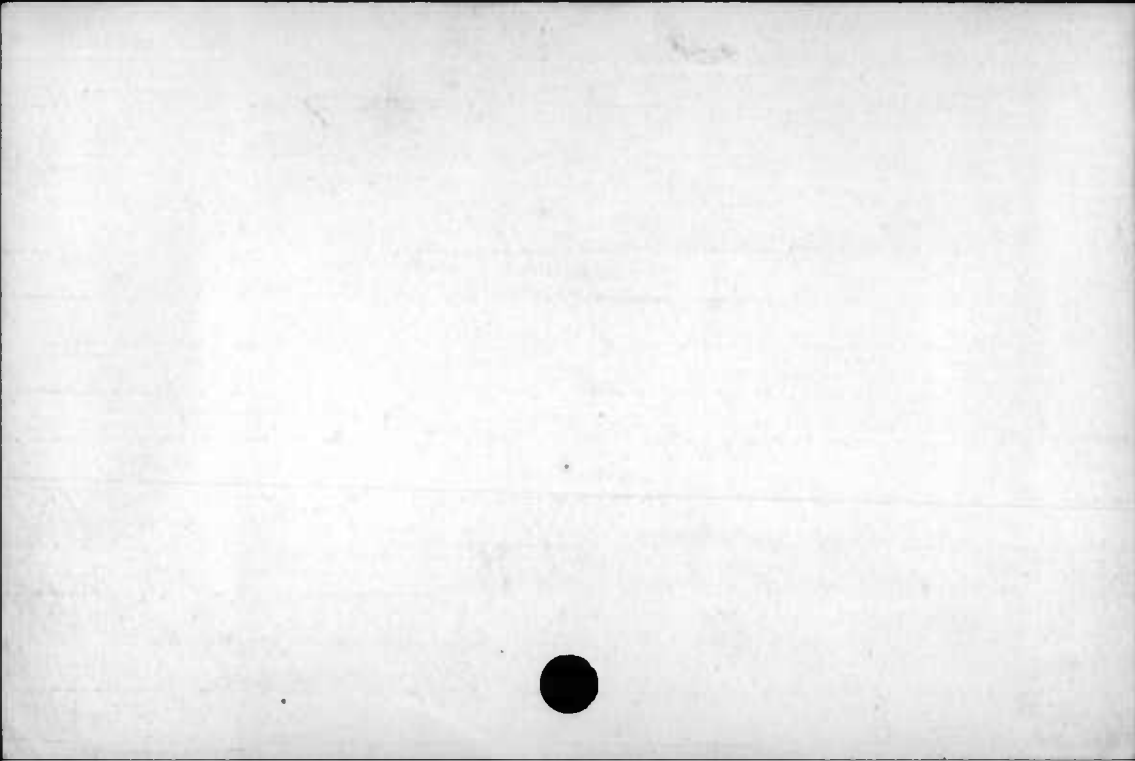
Died at <i>near Lutesburg</i>		Town <i>Lutesburg</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>3-</i>	Day <i>28</i>	Age <i>29</i>	Years <i>9</i>	Months <i>12</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lutesburg Md</i>			
Occupation <i>Railroad Clerk</i>		Where Residing if not at place of death <i>Lutesburg Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David E. Miller</i>					
Father's Name <i>Lewis Miller</i>		Father's Birthplace <i>Lutesburg</i>					
Mother's Maiden Name <i>Sarah Ramsey</i>		Mother's Birthplace <i>Mass Shore Pa</i>					
Name of person giving information <i>Jacob H. Miller</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of the lungs</i>	How long	<i>3 years</i>
Immediate	<i>Congestion of the lungs</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Jacob</i>	
<i>Yes</i>		Address <i>Hagerstown</i>	
Accident or Suicide?		<i>Maryland</i>	



Name

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

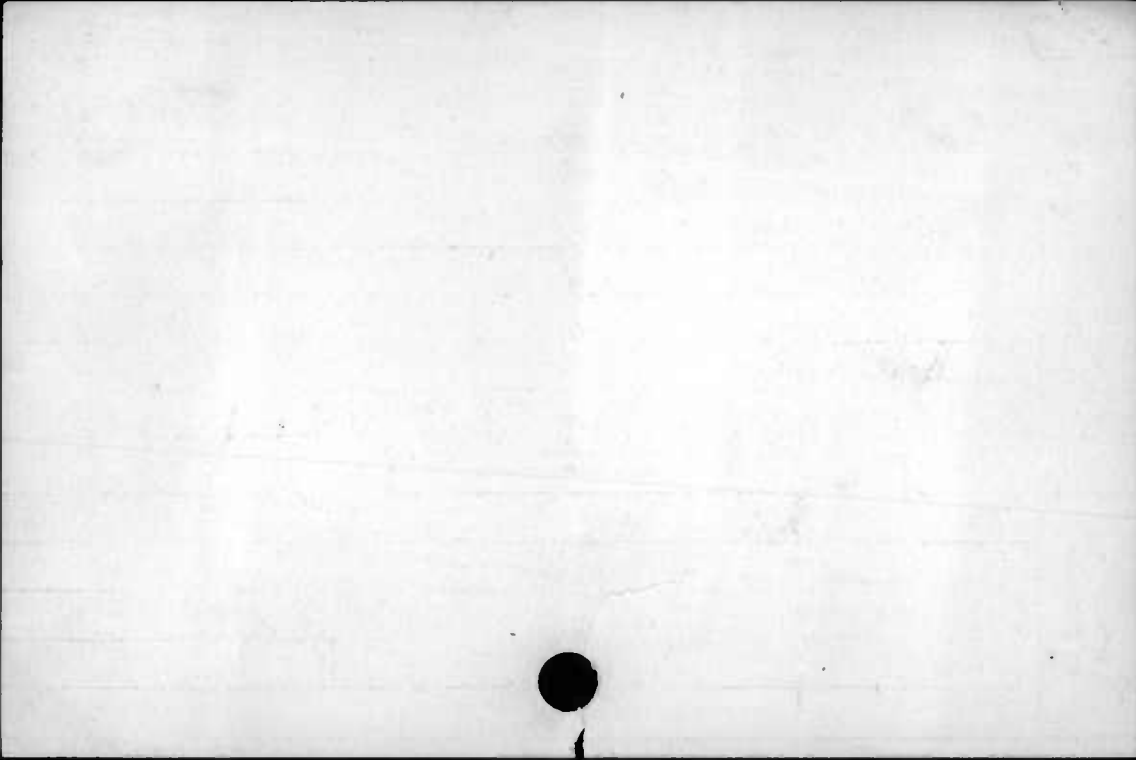
Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>5</i>	Day <i>22</i>	Age <i>65</i>	Years	Months <i>4</i>	Days <i>15</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Upton</i>					
Father's Name <i>John</i>		Winfield		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Isabell</i>		Sacy		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Bigdon</i>		Mills		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Ernst M. D.</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Rebecca M. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Green Spring<sup>County</sup> Md

Date

of death

1908

Month

May

Day

28

Age

Years

60

Months

7

Days

28

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Walter P. Moore

Father's  
Name

Alexandra Robinson

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Susan Wisener

Mother's  
Birthplace

Md

Name of person giving  
Information

M. P. Moore

How related  
to deceased

Husband

## CAUSES OF DEATH

79

How long

Primary

Chronic Heart and Kidney Disease

Immediate

Pulmonary Edema

How long

Few days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C. J. Mason

Address

Clearspring Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

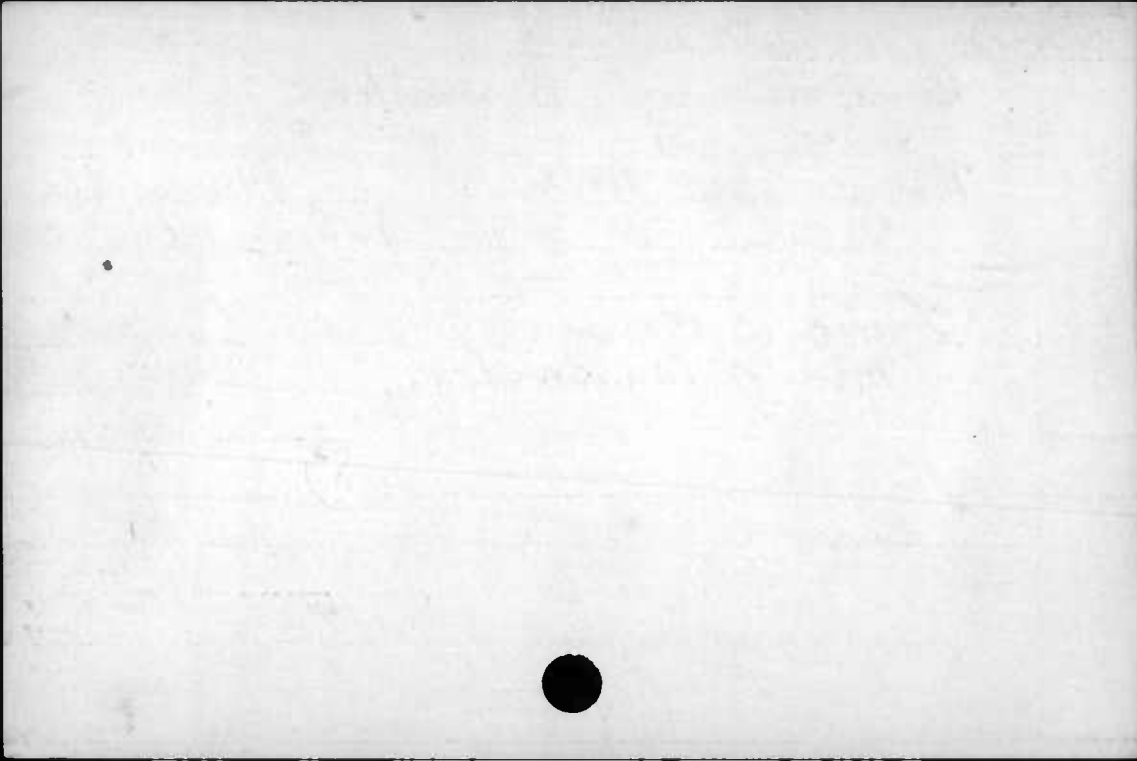
Died at <i>Rohrsville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>21</i>	Age <i>1</i> Years	<i>8</i> Months	<i>7</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rohrsville</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Rohrsville</i>		
Married, Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name <i>Frank B Mullandore</i>			Father's Birthplace <i>Uppland</i>		
Mother's Maiden Name <i>Mary N. H. Easton</i>			Mother's Birthplace <i>Rohrsville</i>		
Name of person giving information <i>Frank B Mullandore</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary - <i>Pertussis</i>	How long <i>2</i> <i>month</i>
Immediate <i>Bronchopneumonia</i>	How long <i>2</i> <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Baker M.D.</i>
	Address <i>Rohrsville Ind.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

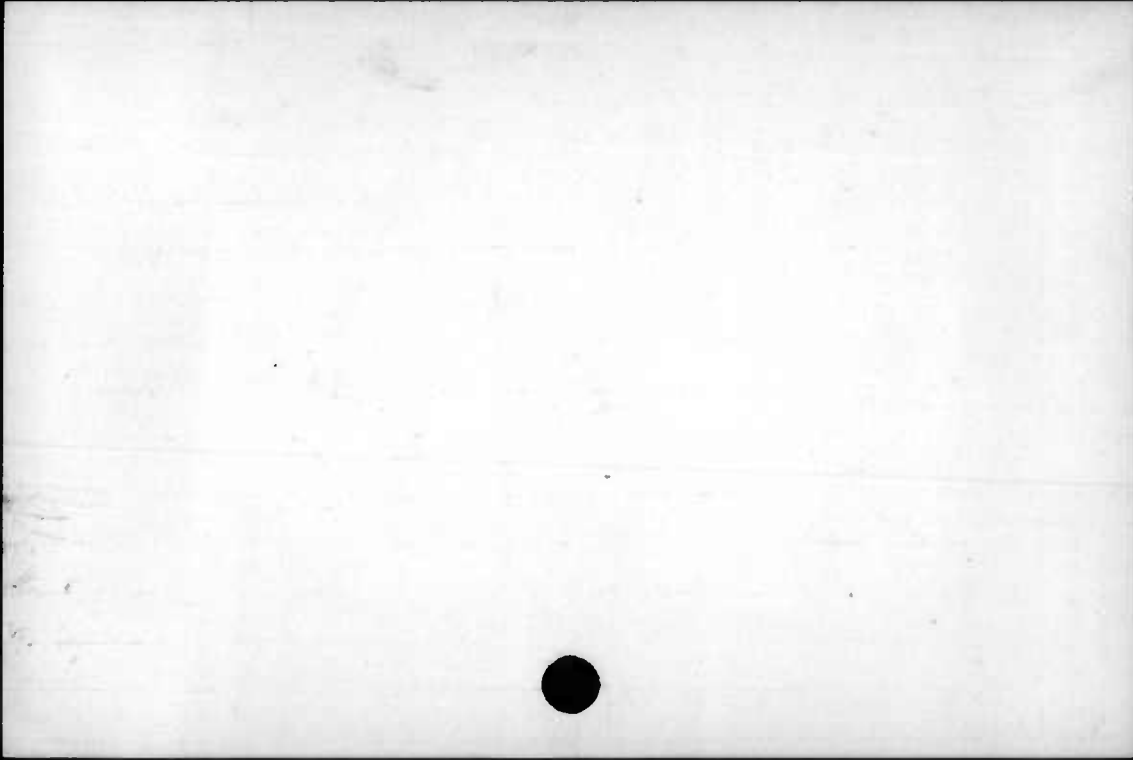
TO BE ANSWERED BY  
NEAREST FRIEND

Name <b>Norris Munson</b>		Town <b>Near Hancock</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Near Hancock</b>		Month <b>May</b>		Day <b>1</b>		Years <b>16</b>	
Date of death <b>1908</b>		Month <b>May</b>		Day <b>1</b>		Years <b>16</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Near Hancock</b>		Days	
Occupation		Where Residing if not at place of death <b>Died at home</b>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>William Munson</b>		Father's Birthplace <b>Wash Co Md</b>					
Mother's Maiden Name <b>Pleasant E. Norris</b>		Mother's Birthplace <b>Alle Co Md</b>					
Name of person giving information <b>William Munson</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Measles</b>		How long <b>one week</b>	
Immediate <b>Broncho Pneumonia</b>		How long <b>two days</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>H. E. Habber</b>	
		Address <b>Hancock, Md.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

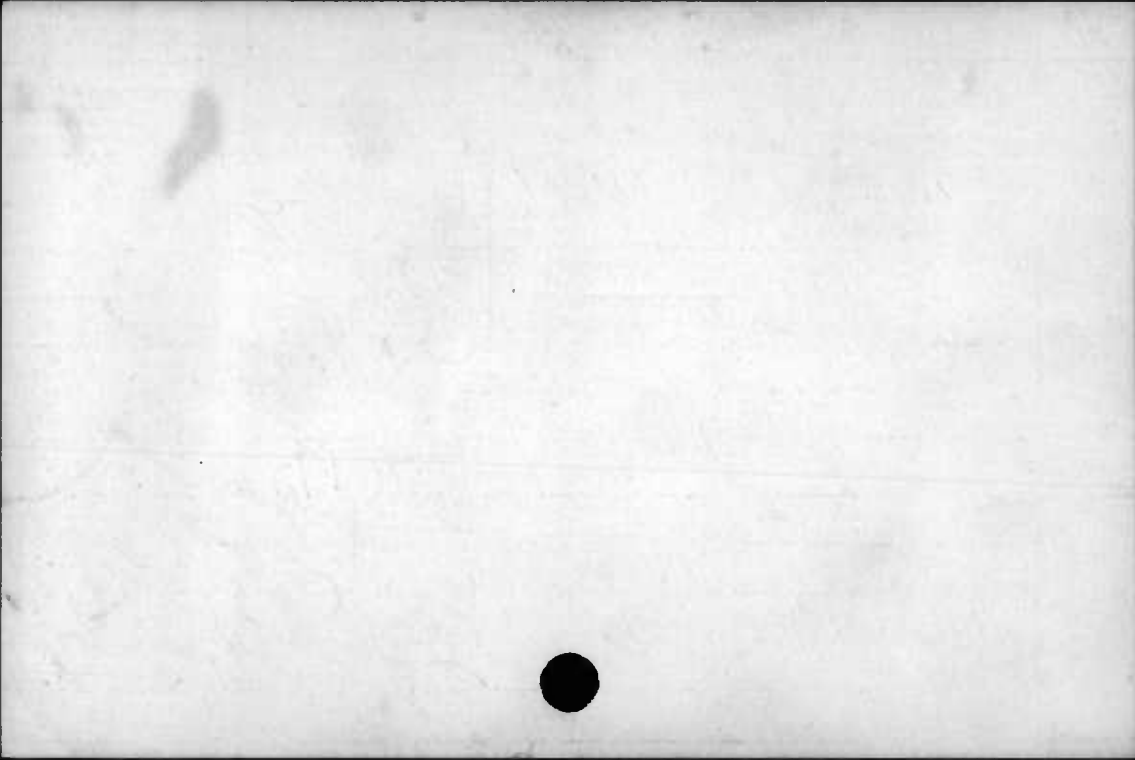
Died at <u>Neck</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>190</u>	Month <u>May</u>	Day <u>25</u>	Years	Months <u>10</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Neck</u>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Robert L. Myers</u>			Father's Birthplace <u>Chesapeake</u>		
Mother's Maiden Name <u>Ida May Davis</u>			Mother's Birthplace <u>Neck</u>		
Name of person giving information <u>Robert Myers</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>8 months</u>
Immediate <u>Asthma</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ernest W. Garton, MD</u>
	Address <u>Williamsport, Md</u>
Accident or Suicide?	



Name in Full		Unnamed Child of Wm H Field				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Hagers town		Washington		MARYLAND		
		Date of death		1908	Month	5	Day	21
		Age		Years		Months		
		Sex		Male		Color or Race		White
		Birth-place		Md				
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Wm H. Field		Father's Birthplace		
		Mother's Maiden Name		Ella E. McNamee		Mother's Birthplace		
		Name of person giving information		Wm H. Field		How related to deceased		
						Father		
		CAUSES OF DEATH				(150)		
PHYSICIAN OR CORONER		Primary		cyanosis		How long		
						6 hours		
		Immediate		weak heart non oxygenation of blood		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dn L. H. Zimmerman		
		Address		Hagers Town				
		Accident or Suicide?				Md		

W.  
Carfoss.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Unnamed Child Edward L. Nott*

Died at *Hagerstown* Town *Washington* County *MARYLAND*

Date of death *1908* Month *3-* Day *9* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Edward L. Nott*Father's Birthplace *md*Mother's Maiden Name *Emma Martin*Mother's Birthplace *md*Name of person giving information *Edward L. Nott*How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Difficult labor*

How long

*2 hours*

Immediate

*Still - birth*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*M. A. Laughlin, M.D.*

Address

*Hagerstown*

Accident or Suicide?

Officer  
Rose Hall



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hayestown</u> <small>Town</small>		<u>Warburg town</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>8</u> <small>Day</small> <u>30</u>		Age <u>42</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Pu</u>	
		Occupation <u>Rail R Conductor</u>	Where Residing if not at place of death <u>—</u>		
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Allice Rebbeling</u>		
Father's Name <u>Adams Rebbeling</u>		Father's Birthplace <u>Pu</u>			
Mother's Maiden Name <u>Elyna Jackson</u>		Mother's Birthplace <u>Ireland</u>			
Name of person giving information <u>Allice Rebbeling</u> ✓		How related to deceased <u>Wife</u>			
		CAUSES OF DEATH		(112)	
PHYSICIAN OR CORONER		Primary <u>Nephrotic Antriosis (Atrophic)</u>	How long <u>2 yrs</u>		
		Immediate <u>Exhaustion</u>	How long <u>—</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Weetj</u>		
		Address <u>Hayestown</u>			
Accident or Suicide?					

678  
Rose Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>5</i>	Day <i>12</i>	Age <i>68</i>	Years <i>2</i>	Months <i>12</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Md.</i>				
Occupation <i>H.W.</i>	Where Residing if not at place of death <i>_____</i>						
Married, Single or Widowed <i>married</i>	Name of <del>W</del> Husband <i>John Riley</i>						
Father's Name <i>John Myers</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>						
Name of person giving information <i>Mrs Mary V Fowler</i>	How related to deceased <i>daughter</i>						

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>not known</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Clara S. Eirley</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>no.</i>	

Guler & Son

Name

in  
Full

Still born child of John Mary Schaezel

CERTIFICATE OF DEATH

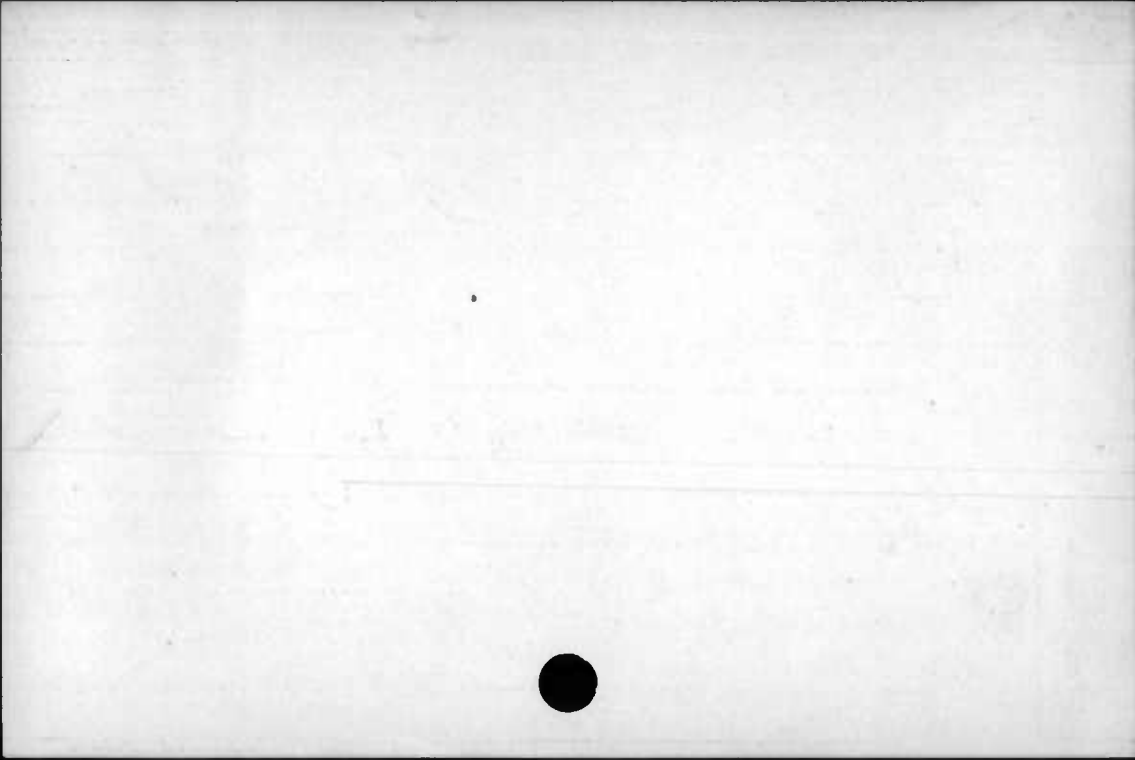
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	Month <i>5</i>	Day <i>29</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John H. Schaezel</i>	Father's Birthplace <i>Wisconsin</i>				
Mother's Maiden Name <i>Mary Fagan</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>J. H. Schaezel</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>" "</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. K. Derr</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Wm H. H. Schmidt

## CERTIFICATE OF DEATH

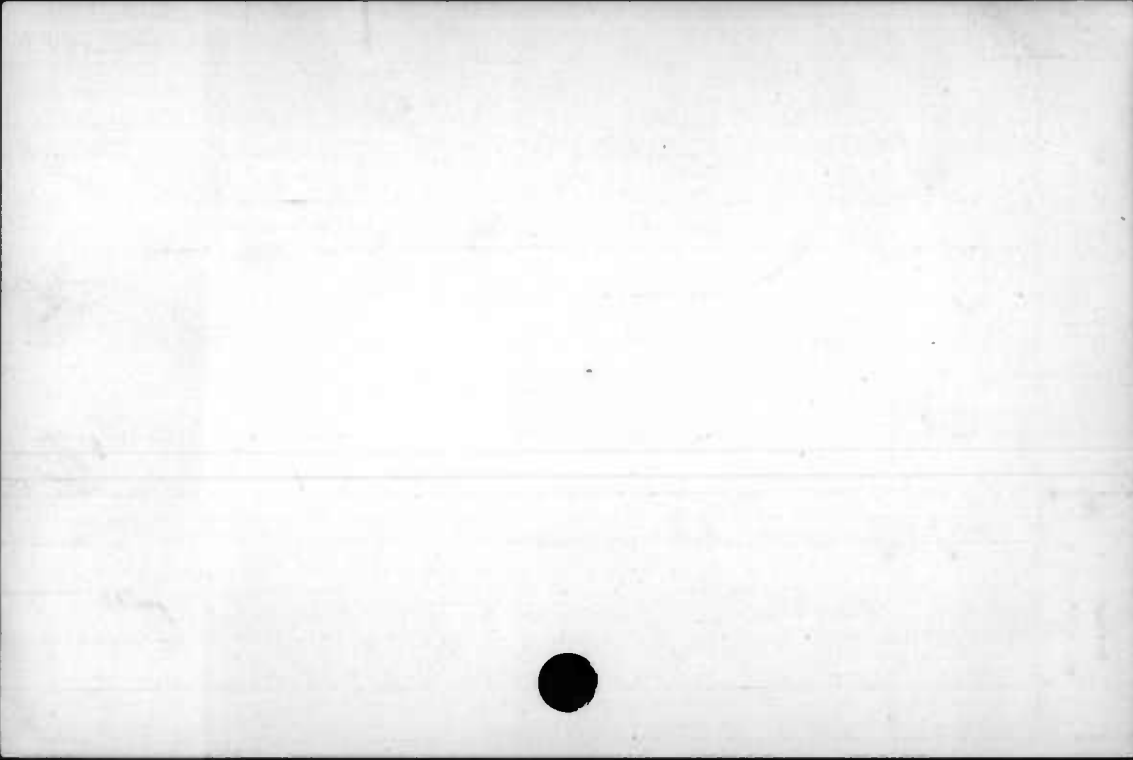
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>5</i>		Day <i>12</i>		Age <i>1</i>		Years <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i>		Days <i>21</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm H. Schmidt</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Margaret Mentzer</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information <i>—</i>				How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis (Diphtheria)</i>		How long <i>few days</i>	
Immediate <i>Exhaustion</i>		How long <i>✓</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Volker D. Miller</i>	
		Address <i>Hagerstown, Md</i>	
Accident or Suicide? <i>No</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harold Clobber Shank

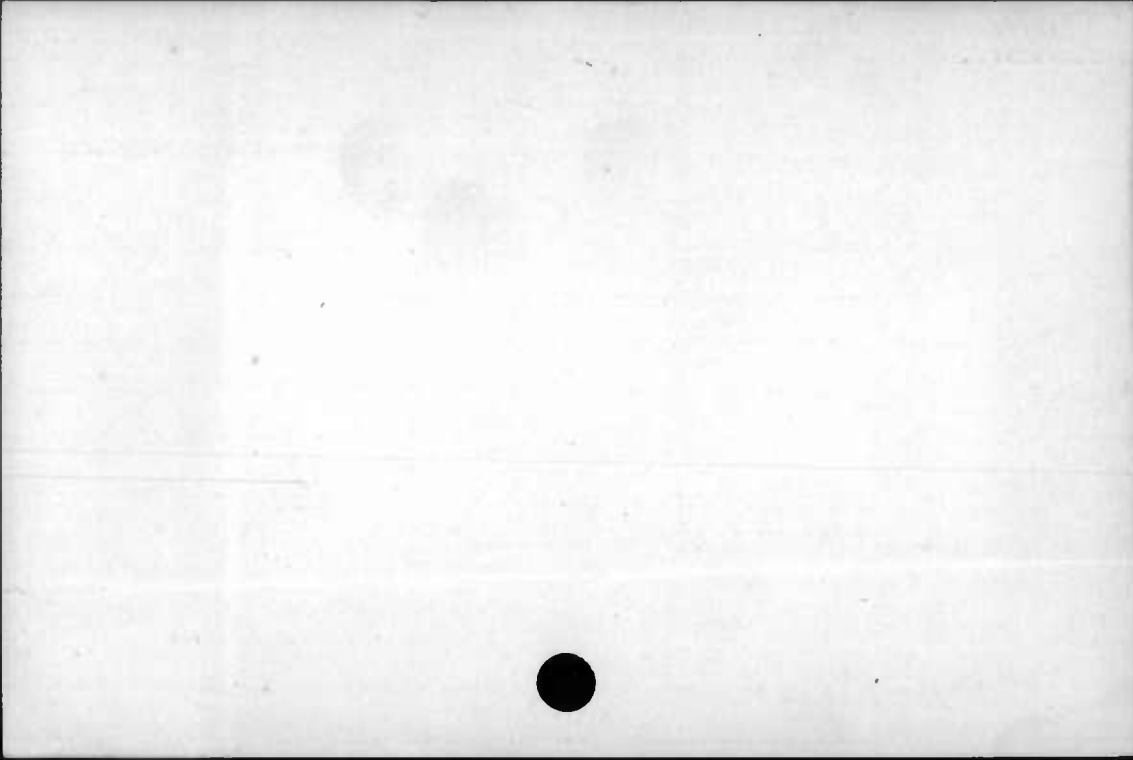
Died at <sup>Town</sup> Leitersburg		<sup>County</sup> Washington		MARYLAND	
Date of death 1908 May 26 <sup>th</sup>		Age		Months	Days 27
Sex Male	Color or Race White	Birth-place Leitersburg			
Occupation none	Where Residing if not at place of death Leitersburg				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name J. Keller Shank	Father's Birthplace near Smithsburg				
Mother's Maiden Name Anna M. Clobber	Mother's Birthplace near Leitersburg				
Name of person giving information J. Keller Shank	How related to deceased Father				

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	two days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Wishard		
	Address Leitersburg Md.		
Accident or Suicide?			



Name  
in  
Full

Elizabeth Show

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sharpsburg		County Washington		MARYLAND	
Date of death		1908	Month May	Day 5	Age 84	Years 1	Months 18
Sex Female		Color or Race White		Birth-place Fairplay Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Samuel Show Dec'd					
Father's Name Samuel Knodle				Father's Birthplace Unknown			
Mother's Maiden Name Jane Cutschaw				Mother's Birthplace Lancaster, Pa			
Name of person giving information Mrs. Sarah & Bollinger				How related to deceased Daughters			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary		General Debility with Chronic Bronchitis		How long Five Years	
Immediate		Exhaustion		How long —	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. Samuel Gooden	
				Address Sharpsburg Md	
Accident or Suicide?					

Chas. S. Wade  
Undertaken

Name  
in  
Full

David B. Simons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>21</i> <sup>Years</sup>	<i>46</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>None</i>		Birth-place	<i>Sharpsburg</i>	
Where Residing if not at place of death			<i>_____</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Margaret A. Simons</i>	
Father's Name	<i>Benjamin Simons</i>			Father's Birthplace	<i>Wash. D.C.</i>
Mother's Maiden Name	<i>Jane Ferguson</i>			Mother's Birthplace	<i>Wash. D.C.</i>
Name of person giving information	<i>James Simons</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

154

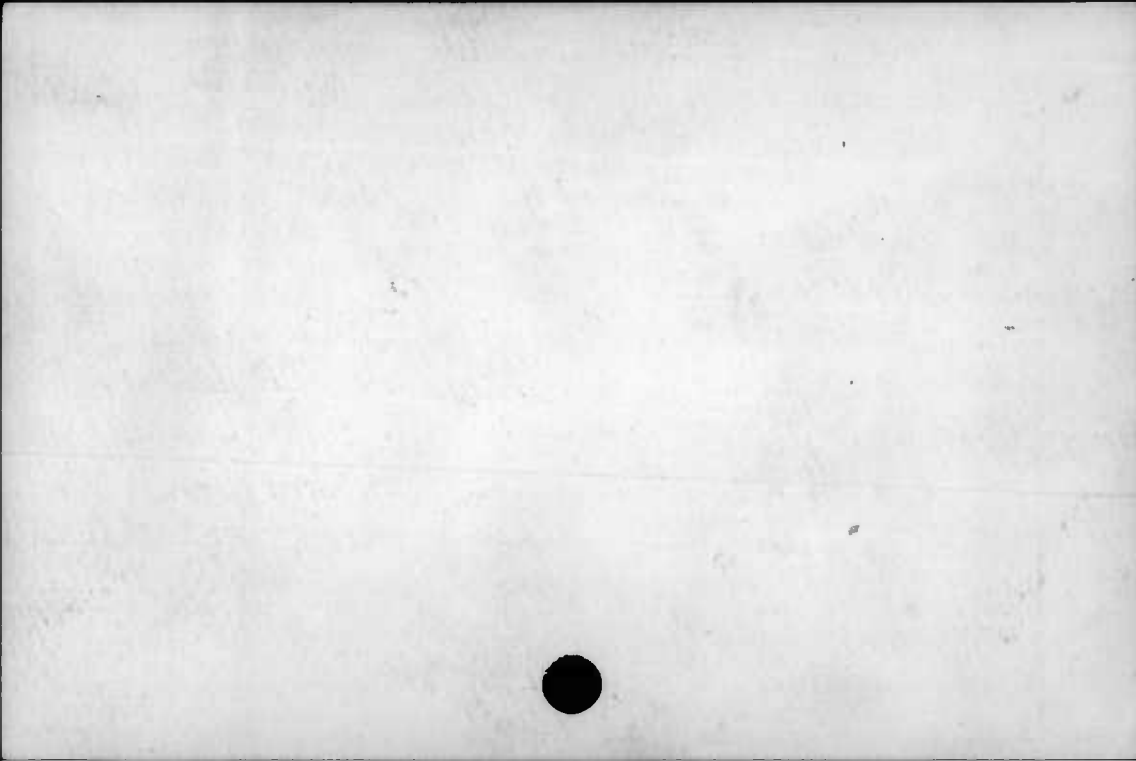
PHYSICIAN  
OR CORONER

Primary	<i>General Debility &amp; Arterio-Sclerosis</i>	How long	<i>For several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Endless</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. Howell Gardner</i>	
		Address	
		<i>Sharpsburg Md</i>	
Accident or Suicide?			

Chas. S. Hase  
undertaken

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Name in Full		Town		County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name			Father's Birthplace				
		Mother's Maiden Name			Mother's Birthplace				
		Name of person giving information			How related to deceased				
<div>CAUSES OF DEATH</div> <div>65</div>									
PHYSICIAN OR CORONER		Primary		How long		One yr			
		Immediate		How long		One wk			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. M. Wutz			
				Address		Hagerstown			
		Accident or Suicide?							





Name  
in  
Full

John H Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Williamsport <sup>County</sup> Washington MARYLAND

Date of death 1908 <sup>Month</sup> May <sup>Day</sup> 24 <sup>Age</sup> 60 <sup>Years</sup> <sup>Months</sup> 7 <sup>Days</sup> 8.

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Maryland

Occupation Farmer <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Margaret J Snyder

Father's Name John Snyder <sup>Father's Birthplace</sup> Pa.

Mother's Maiden Name Mary Wolf <sup>Mother's Birthplace</sup> Md.

Name of person giving information Margaret J Snyder <sup>How related to deceased</sup> Wife

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary La Grippe <sup>How long</sup> Two days

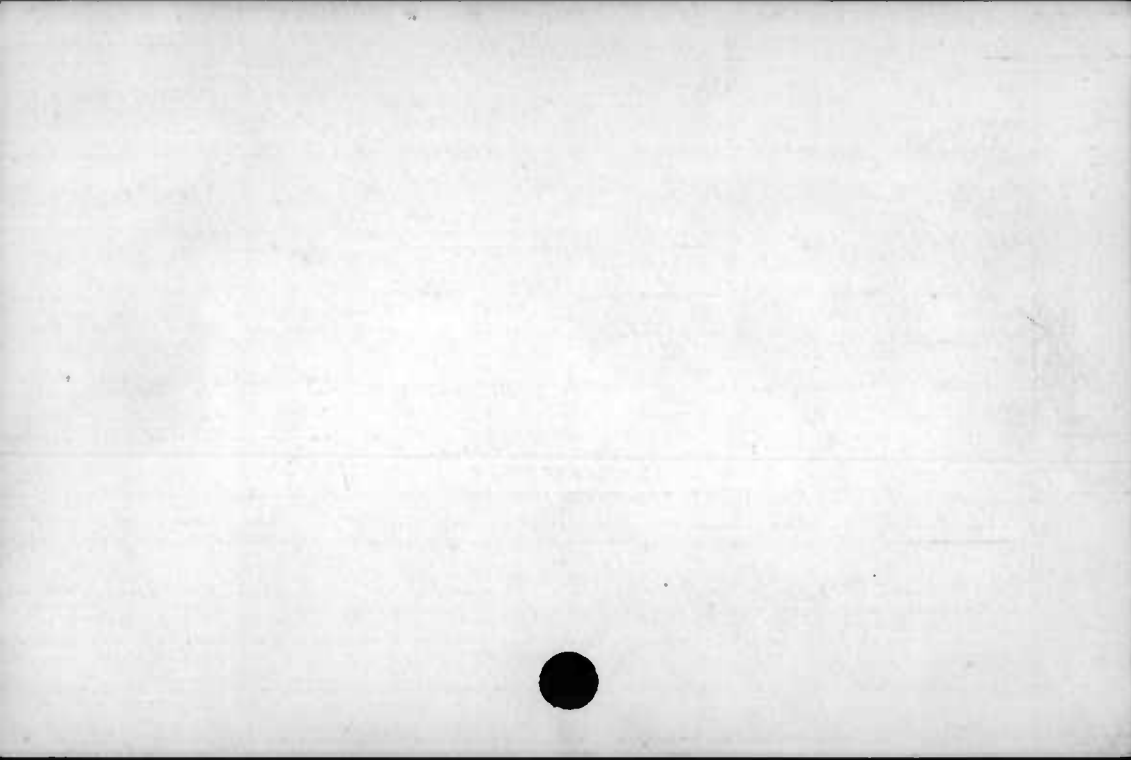
Immediate Heart Failure <sup>How long</sup> Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

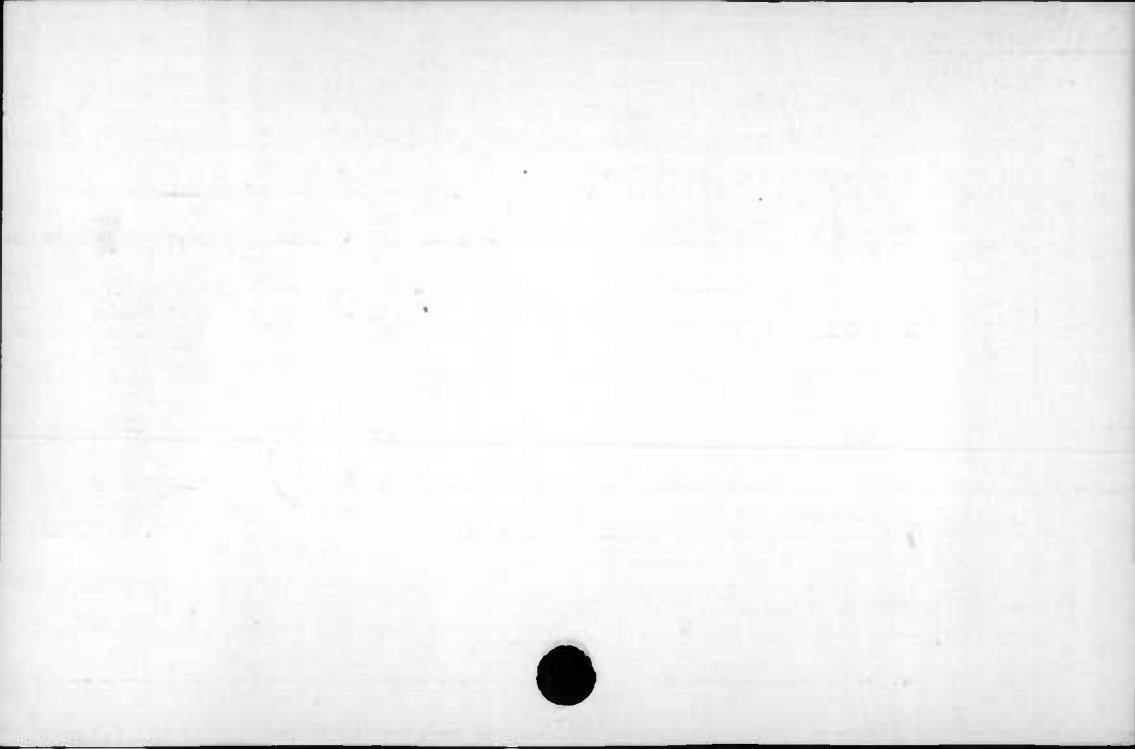
Signature of Physician W. H. Richards

Address Williamsport

Accident or Suicide? No.



Name in Full		Nancy A. Snyder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bourbon		Washington		MARYLAND
	Date of death		1908	May	8	Age	85
	Sex		Female		Color or Race		White
	Occupation		Housewife		Where Residing if not at place of death		Bourbon, Mo.
	Married, Single or Widowed		Single		Name of Wife or Husband		none
	Father's Name		Jacob Snyder		Father's Birthplace		Washington County
	Mother's Maiden Name		Mary Nicodemus		Mother's Birthplace		Washington County
	Name of person giving information		Eda Renner		How related to deceased		niece
CAUSES OF DEATH							(64)
PHYSICIAN OR CORONER	Primary		Apoplexy		How long		3 days
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		f-25		Signature of Physician		W. C. Wheeler M.D.
					Address		Bourbon Washington Mo.
Accident or Suicide?							



Name  
in  
Full

George W. Stover

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> 5 <sup>Day</sup> 4 <sup>Years</sup> 81 <sup>Months</sup> 10 <sup>Days</sup> 21

Sex Male Color or Race White Birth-place Md.

Occupation Retired Carpenter Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Widower Name of Wife or Husband Mary E. Stover

Father's Name Fredrick Stover Father's Birthplace Md.

Mother's Maiden Name Magdeline Sellers Mother's Birthplace Oa

Name of person giving information Mary E. Stover How related to deceased Daughter

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

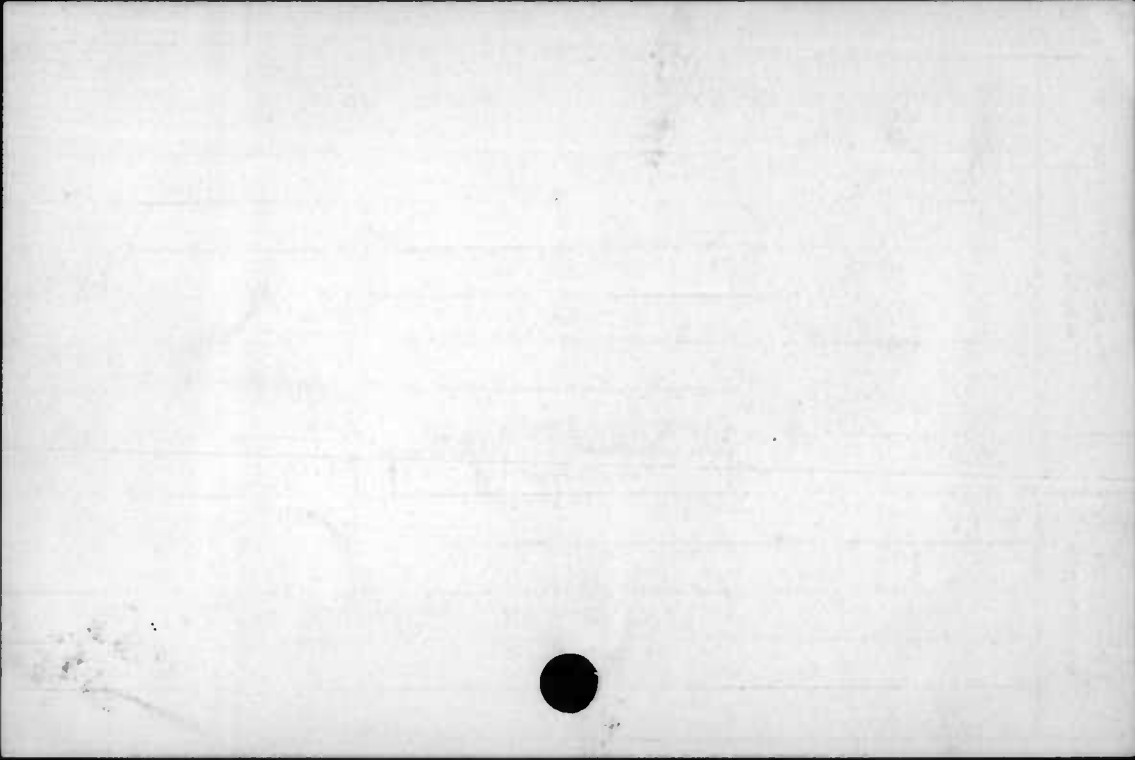
Yes

Signature of Physician

Address

J. M. Scott  
Hagerstown

~~Resident or Subject?~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

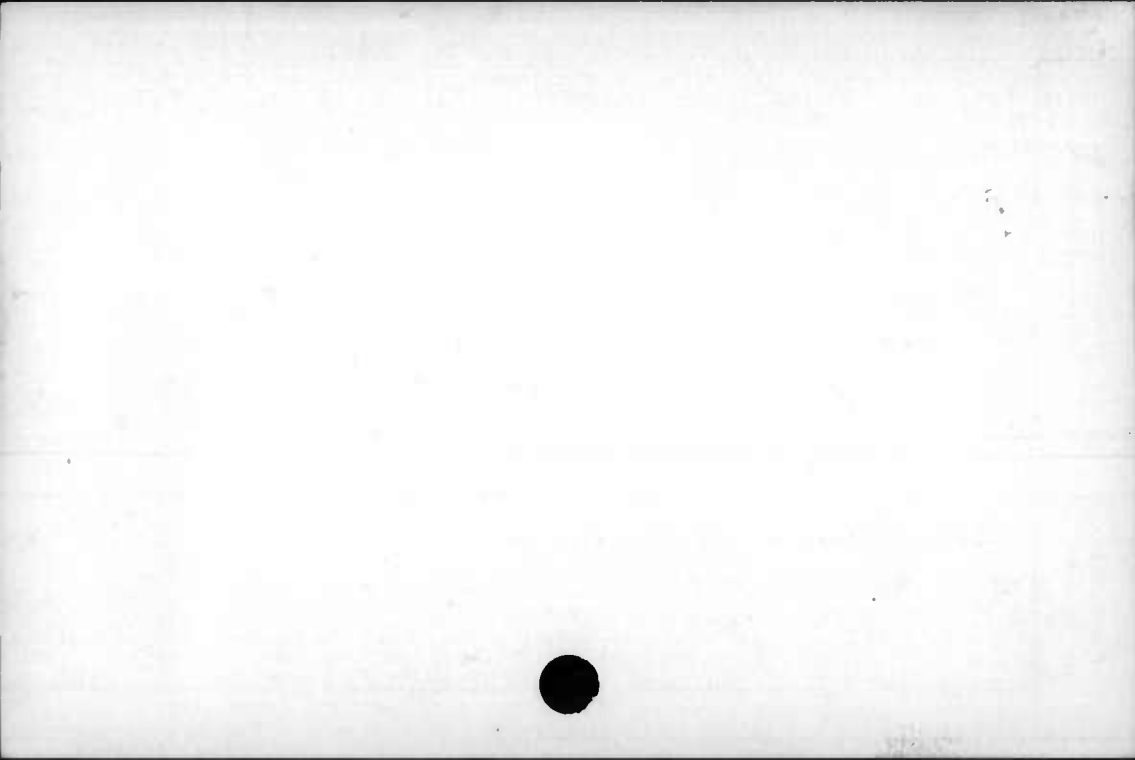
Died at <i>Frankston</i>		Town <i>Frankston</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>5</i>	Day <i>3</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Tennessee</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Frankston</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Madison Smith</i>						
Father's Name <i>James</i>	Father's Birthplace <i>not known</i>						
Mother's Maiden Name <i>Virginia Rionor</i>	Mother's Birthplace <i>not known</i>						
Name of person giving information <i>Debbie Smith</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

(91)

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Three months</i>
Immediate <i>Heart failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Weigand</i>
<i>Yes</i>	Address <i>Frankston</i>
Accident or Suicide? <i>No</i>	<i>Ed</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Date

of death

1908

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or  
RaceBirth-  
placeWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

C. J. Jensen

Rippon

Na

Name  
in  
Full

George Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

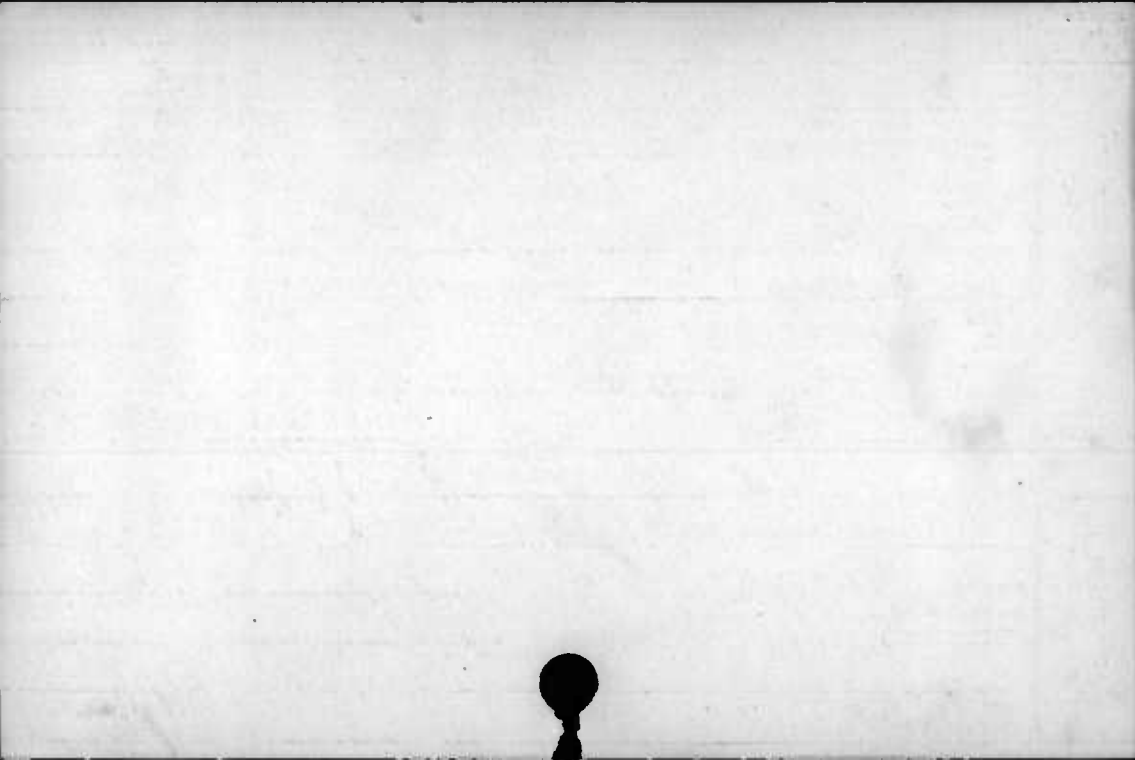
Died at <i>Williamsport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	May	Day	8
Age	65	Years		Months	11
				Days	12
Sex	Male	Color or Race	White	Birth-place	Williamsport
Occupation	Storekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	<i>Margaret Wolf</i>		
Father's Name	<i>Isaac Thompson</i>		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	<i>Kate Ripple</i>		How related to deceased	Niece	

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary	<i>Cirrhosis of liver</i>	How long	<i>7 months.</i>
Immediate	<i>Toxaemia</i>	How long	<i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>Ernest H. Gault</i>	
Address		<i>Williamsport Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel S. Thompson* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 1908 Month *5* Day *26* Age *69* Months *7* Days *25*

Sex *Male* Color or Race *white* Birth-place *Pa.*

Occupation *Carriage Maker* Where Residing if not at place of death *Not known.*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Cramer*

Father's Name *Archabal Thompson* Father's Birthplace *Pa*

Mother's Maiden Name *Mary Shoemaker* Mother's Birthplace *Pa*

Name of person giving information *Susan Thompson* How related to deceased *Wife*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Thromboplegia - Nephritis & Endocarditis* How long *5-6 years*

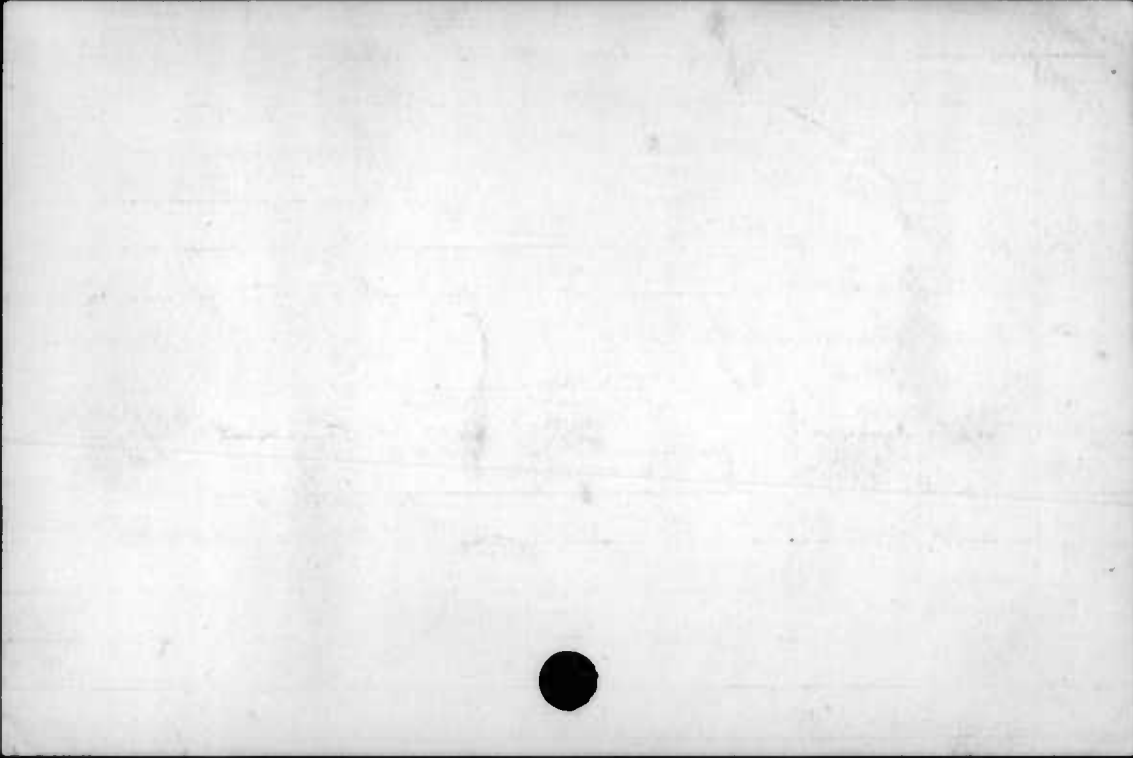
Immediate *Exhaustion & Toxicemia* How long *1-2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Smith*

Address *Hagerstown*

Accident or Suicide? *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Willow Grove Mills* *Washington* County  
 Date of death *1908* *5* Month *11* Day *73* Years *5* Months *25* Days  
 Sex *Male* Color or Race *White* Birth-place *MD*  
 Occupation *Miller* Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *Widower* Name of Wife or Husband *Rusan Fawcett*  
 Father's Name *Joseph Fawcett* Father's Birthplace *Germany*  
 Mother's Maiden Name *Elizabeth Schaffer* Mother's Birthplace *Port Anne*  
 Name of person giving information *Harvey Fawcett* How related to deceased *Son*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic nephritis, tubular atrophy* How long *several years*  
 Immediate *Schaeffer's* How long *found dead in bed*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. Ragan*  
 Address *Heagistown, MD.*  
 Accident or Suicide? *No*

W  
Smithburg



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Harry P. Truman*

Town *Clearsring* County *Washington* MARYLAND

Died at *Clearsring*

Date of death *1908* Month *5* Day *6* Age *9* Years Months *—* Days *15*

Sex *Male* Color or Race *Colored* Birth-place *Clearsring*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Clearsring*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Peter Truman* Father's Birthplace *Clearsring*

Mother's Maiden Name *Lucy Green* Mother's Birthplace *Unknown*

Name of person giving information *Peter Truman* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

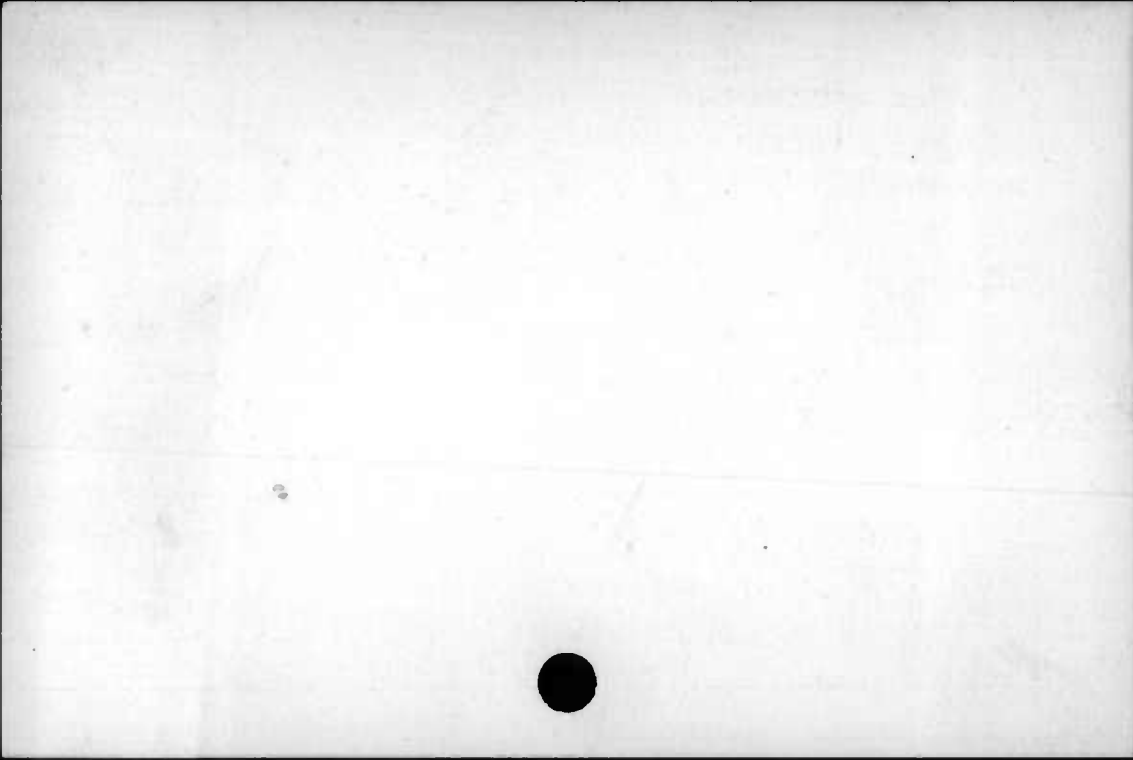
Primary *Tuberculosis* How long *Three months*

Immediate *Exhaustion* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank* Address *Clearsring Washington Co.*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

John Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

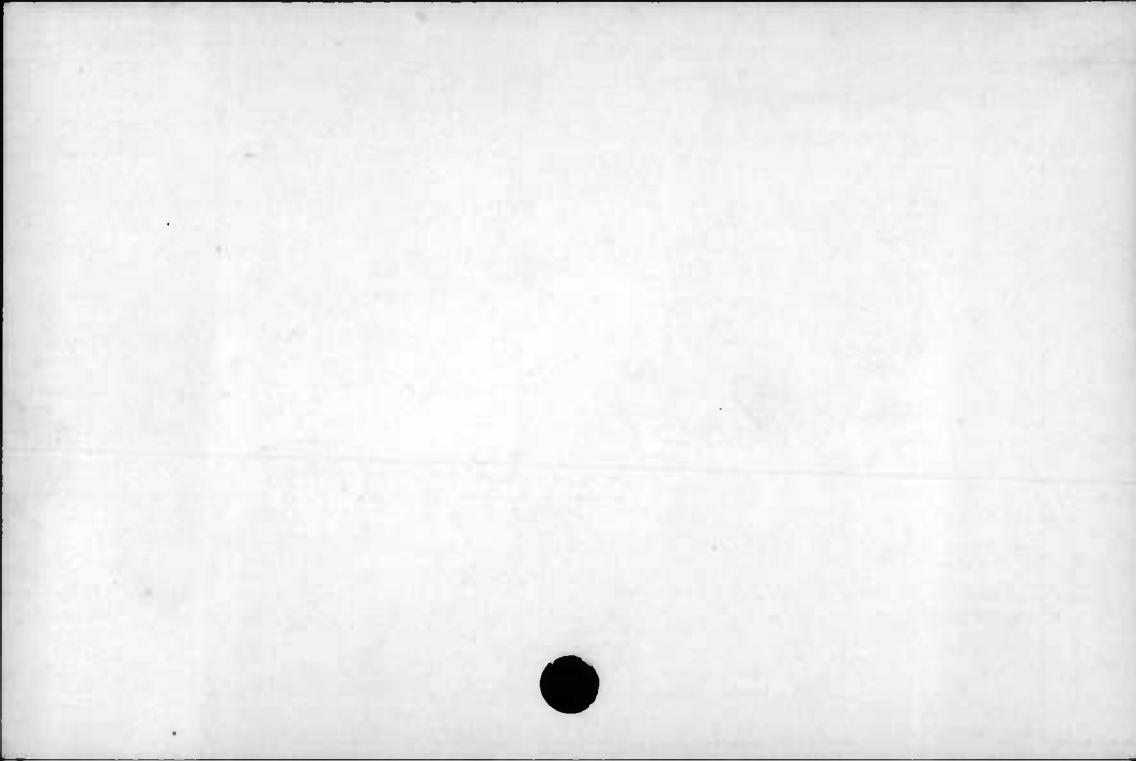
Died at <i>md</i> <i>Wurton</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>31</i>
	<i>8</i>		<i>May</i>	Age	<i>35</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa</i>
Occupation	<i>work in Foundry</i>		Where Residing if not at place of death <i>Scranton Pa</i>		
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband		<i>Kimmie Bevins</i>		
Father's Name	<i>John J. Warner</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Elizabeth Sybil</i>			Mother's Birthplace	<i>N. Y.</i>
Name of person giving information	<i>Geo. H. Warner</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<i>Found in Canal</i>	How long	
Immediate	<i>Found Phys sees Sister</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. S. Hedges</i>
		Address	<i>Brownsville Federal Co</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>2</i>	Age <i>7</i> Years	Months <i>7</i>	Days <i>Still Born</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Williamport</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Child</i>				
Father's Name <i>W. Wiley</i>	Father's Birthplace <i>Chesapeake</i>		<i>Med</i>		
Mother's Maiden Name <i>V. Silber</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>W. Wiley</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>7 months</i>
Immediate <i>Congenital debility</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ernest W. Gauthier</i>
	Address <i>Williamport, Md.</i>
Accident or Suicide?	

